

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7970**

BIRTH NO. **FILED APR 14 1954** REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **3009** Registrar's No. **25**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Deal Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>0160</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James H.</b>	b. (Middle)	c. (Last) <b>Reynolds</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 23 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 26 1868</b>	9. AGE (In years last birthday) <b>85</b>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pocahontas, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Dudley Reynolds</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Dunn</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Davenport, Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dewey Reynolds, Cape Girardeau, Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Nephritis</b>		<b>Heart Failure</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio Sclerosis</b>			<b>Post Mortem</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>592x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 15 1953** to **March 23 1954** that I last saw the deceased alive on **March 23 1954**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. L. L...</b> (Degree or title)	23b. ADDRESS <b>Jackson 9th</b>	23c. DATE SIGNED <b>3-26-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-25-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Iona Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Neelys Landing, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 29 54</b>	REGISTRAR'S SIGNATURE <b>D. J. L. L...</b>	43	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. J. L. L...</b> ADDRESS <b>Cape Girardeau Mo</b>
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*H. L. Hamman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.