

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1955

State File No. 7002

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter, R. 3 Liberty		c. CITY OR TOWN Dexter, R. 3	
c. LENGTH OF STAY (in this place) 3 Liberty Twp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1030	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Lee c. (Last) Reynolds			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28. 1955			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Jan. 9. 1887	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) West York, Ill. /		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John Reynolds	13b. MOTHER'S MAIDEN NAME Louise Willard	14. NAME OF HUSBAND OR WIFE Mary Hodge, Reynolds Dec
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Reynolds, Piedmont, Mo.

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) Bronchial Pneumonia		
	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. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb. 17, 1955, to Feb. 28, 1955, that I last saw the deceased alive on Feb. 17, 1955, and that death occurred at 2:30A m., from the causes and on the date stated above.		

23a. SIGNATURE D. J. Carron M.D. (Degree or title)	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED Feb. 28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March, 2.55	24c. NAME OF CEMETERY OR CREMATORY Old York
24d. LOCATION (City, town, or county) Old York		(State) Ill.

DATE REC'D BY LOCAL REG. 3-10-55	REGISTRAR'S SIGNATURE Valma N. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Natkins & Sons Fun. Ser. Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Earl H. Wathen*.....

Licensed Embalmer No. *4964*.....

P. O. Address *Defton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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