

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8948**

FILED MAR 16 1955
BIRTH NO. 9293-55 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 27

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| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mo Newton</u> | |
| b. CITY OR TOWN <u>Neosho</u> c. LENGTH OF STAY (in this place) <u>0</u> | | c. CITY OR TOWN <u>Neosho</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>715 Pearl</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leland</u> b. (Middle) <u>Dale</u> c. (Last) <u>Reynolds</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1955</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | |
| 8. DATE OF BIRTH <u>February 22-55</u> | | 9. AGE (In years last birthday) <u>17</u> | | 10. IF UNDER 1 YEAR Months <u>17</u> IF UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sales Memorial Hospital</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Herbert Reynolds</u> | | 13b. MOTHER'S MAIDEN NAME <u>Betty Cummings</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Reynolds Neosho, Missouri</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> | |
| <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | | | | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>7630</u> | | | | 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 19, to 11 March 1955, that I last saw the deceased alive on 5:30 P.m., and that death occurred at 5:30 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Neosho Mo</u> | | 23c. DATE SIGNED <u>12 March 1955</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3-13-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Goodman Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>3-14-55</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Papp Funeral Home Anderson Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 355-47
Date Filed 3-15-55

NEOSHO, MISSOURI

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 Papp _____

Licensed Embalmer No. 2345

P. O. Address Anderson

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.