

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14732

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 499	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 44 yrs		c. CITY OR TOWN St. Joseph		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 Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) 620 East Highland Avenue 01170			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) FRANKLIN		c. (Last) REYNOLDS		4. DATE OF DEATH (Month) (Day) (Year) May 12 1955	
5. SEX Male <input type="radio"/>		6. COLOR (OR RACE) White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 6, 1883	
9. AGE (in years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Conductor		10b. KIND OF BUSINESS OR INDUSTRY Street Railway		11. BIRTHPLACE (City and State or Foreign Country) Buchanan County Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Conductor		10b. KIND OF BUSINESS OR INDUSTRY Street Railway		11. BIRTHPLACE (City and State or Foreign Country) Buchanan County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John F. Reynolds			13b. MOTHER'S MAIDEN NAME Eliza Roberts			14. NAME OF HUSBAND OR WIFE Maude F. Reynolds (Deceased)	
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. 491-24-7106		17. INFORMANT'S SIGNATURE OR NAME Roy R. Reynolds		ADDRESS St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Myocardial Infarction Coronary Atherosclerosis DUE TO (c) Probable Liver Damage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 wks Year Several Weeks 3 wks Several Months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 1-21, 1953, to 5-12, 1955, that I last saw the deceased alive on 5-12, 1955, and that death occurred at 1:15P m., from the causes and on the date stated above.							
23a. SIGNATURE Robert M. Kieker M.D. (Degree or title)				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 5-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
DATE REC'D BY LOCAL REG. May 19, 1955		REGISTRAR'S SIGNATURE Esther M. Allison		485-26 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS St. Joseph, Mo.	

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..... *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*

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.