

STANDARD CERTIFICATE OF DEATH

17700

State File No.

FILED JUL 6 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>21</u>		PRIMARY REG. DIST. NO. <u>5084</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elkhart Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elkhart Twp.</u>		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Taylor</u>		c. (Last) <u>Reynolds</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>1</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 12, 1874</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>John Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Parks</u>	
14. NAME OF HUSBAND OR WIFE <u>Blanche Byrl Reynolds</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.T. Reynolds, Adrian Mo.</u>				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Right Leg Broken Between Hip and Knee & Between Knee And Ankle. Right Eye Badly Damaged. Fracture Of Skull At Base Of Brain. Internal Injuries Also. Left Leg Cut & Bruised.</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Elkhart Bates Mo.</u> (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? <u>Caught in power takeoff on tractor while combining. Alone in field</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21f. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Body Found About 7:30 P.M.</u> , that I last saw the deceased <u>Body</u> , 19 <u> </u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Cloris Reynolds</u>		(Degree or title) <u>Coroner Bates County Mo.</u>		23b. ADDRESS <u>Butler Mo.</u>		23c. DATE SIGNED <u>7-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Creighton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-2-55</u>		REGISTRAR'S SIGNATURE <u>L.E. Truette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lif Funeral Service Adrian Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed _____ *Adrian Mo*

Licensed Embalmer No. 3650

P. O. Address Adrian Mo

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.