

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1955

43511

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MALDEN</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>MALDEN</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>407 S. DECATOUR</u>				e. STREET ADDRESS (If rural, give location) <u>407 S. DECATOUR</u> <u>035/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REX</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>REYNOLDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-1955</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>7-22-1914</u>	
9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MALDEN, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DELLES REYNOLDS</u>		13b. MOTHER'S MAIDEN NAME <u>JESSIE EDMUNDSON</u>		14. NAME OF HUSBAND OR WIFE <u>IRENE REYNOLDS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>YES</u> <u>W.W. I</u>		16. SOCIAL SECURITY NO. <u>317-03-0450</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JESSIE TAGGART MALDEN, MO.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon Sigmoid</u> INTERVAL BETWEEN ONSET AND DEATH <u>13 yrs</u> ANTECEDENT CAUSES <u>operations Dec 17 - 1952 W.A. Haffel</u> <u>Morbid conditions, if any, giving rise to the above cause of death stating the underlying cause last</u> <u>in Indiana - 1955 via hospital</u> DUE TO (b) <u>Kenedy General at Memphis Tennessee</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>153x</u> YES <input 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) (Min.)		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 <u>10-4</u> , <u>1955</u> , to <u>12-6</u> , <u>1955</u> , that I last saw the deceased alive on <u>12-6</u> , <u>1955</u> and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. Carleton DO</u>				23b. ADDRESS <u>Malden Mo</u>		23c. DATE SIGNED <u>12-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>MALDEN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-9-55</u>		REGISTRAR'S SIGNATURE <u>J. J. Schuman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DAY FUNERAL HOME MALDEN MO.</u>			

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

REGL.

DEC 23 1955  
1955

DEPARTMENT ..... 12-14-55

COUNTY FILE NUMBER 12-55-305

DEC 21 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. E. Schuman*

Licensed Embalmer No. 40

P. O. Address *Med*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( 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.