

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2078**

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5707** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL-UNION TWP.		c. CITY OR TOWN UNION RURAL TWP.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) LIFE		STREET ADDRESS (If rural, give location) Rt. 2, MADISON	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2, MADISON			

3. NAME OF DECEASED a. (First) JAMES		b. (Middle) IRA		c. (Last) REYNOLDS		4. DATE OF DEATH (Month) (Day) (Year) JAN. 6th 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 20, 1883		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months 0 Days 16 IF UNDER 24 HRS. Hours 0 Min. 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		11. BIRTHPLACE (City and State or Foreign Country) MONROE CO., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME HENRY B. REYNOLDS		13b. MOTHER'S MAIDEN NAME DOLLIE TRUMBO		14. NAME OF HUSBAND OR WIFE IYA D. REYNOLDS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME MRS. JAS. I. REYNOLDS ADDRESS MADISON, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Family Death		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bad Case H.I.K.		DUE TO (c) Had been treated			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Full Coronary Heart Disease					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **JULY**, 19**55**, and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.D. [Signature]		23b. ADDRESS [Signature]		23c. DATE SIGNED 1-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 8, 1956		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.	
24d. LOCATION (City, town, or county) (State) HOLLIDAY, MO		25. FUNERAL DIRECTOR'S SIGNATURE Speed + Blakey		ADDRESS PARIS, MISSOURI	
DATE REC'D BY LOCAL REG. 1-9-56		REGISTRAR'S SIGNATURE F. A. Barnhart		435-	

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

JAN 27 1958

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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..... *E. H. Agnew*

Licensed Embalmer No. 7004

P. O. Address PARIS, MISSOURI

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.