

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

FILED MAY 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12211

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2000 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>A dair</u> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Kirksville</u>)		2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u> c. CITY OR TOWN <u>Kirksville</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1006 S. Cottage Grove</u>		STREET ADDRESS (If rural, give location) <u>1006 S. Cottage Grove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Duane b. (Middle) W. c. (Last) Reynolds 4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1956

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept. 16, 1920 9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm & Clerk 10b. KIND OF BUSINESS OR INDUSTRY Farm & Clerk 11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Theo Way Reynolds 13b. MOTHER'S MAIDEN NAME Ruby Sebree 14. NAME OF HUSBAND OR WIFE Velma E. Collins Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. II 16. SOCIAL SECURITY NO. 496 14 0082 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Velma E. Reynolds, Kirksville, 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) <u>Broncho-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Glomerulo-nephritis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 years</u>
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19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 203x 20. AUTOPSY? YES 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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from November 11, 1951, to April 28, 1956, that I last saw the deceased alive on April 27, 1956, and that death occurred at 12:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard E. Gross, M.D. 23b. ADDRESS Kirksville, Mo. 23c. DATE SIGNED 4-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/30/56 24c. NAME OF CEMETERY OR CREMATORY Jewell Cemetery 24d. LOCATION (City, town, or county) (State) Adair Co., Mo.

DATE REC'D BY LOCAL REG. 4-30-56 REGISTRAR'S SIGNATURE Kate Lambert 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirk M. Piley, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1956

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 *George W. Rawalt*

Licensed Embalmer No. *47*

P. O. Address *Kirkland*

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.