

FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14390

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY OR TOWN <i>Farmington</i>		c. CITY OR TOWN <i>Farmington</i>	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)		e. STREET ADDRESS (If rural, give location) <i>09th</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Charles</i>	b. (Middle) <i>Samuel</i>	c. (Last) <i>Reynolds</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>March 16, 1956</i>
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5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>	8. DATE OF BIRTH <i>July 21, 1906</i>	9. AGE (In years last birthday) <i>88</i>	10. IF UNDER 1 YEAR Months <i>7</i> Days <i>25</i>	11. IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Surveyor</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Calloway County, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>James Corey Reynolds</i>	13b. MOTHER'S MAIDEN NAME <i>Margaret Grant</i>	14. NAME OF HUSBAND OR WIFE <i></i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>R.D. Reynolds</i>	ADDRESS <i>Hayti, Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pemphigus</i>	DUE TO (b) <i></i>		<i>1 yr.</i>
ANTECEDENT CAUSES	DUE TO (c) <i>7041</i>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
	<i>Anteriosclerotic heart disease</i>		<i>5 yrs</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *Jan 1955* to *March, 1956*, that I last saw the deceased alive on *March 14, 1956*, and that death occurred at *8:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>C. E. Carleton, M.D.</i>	23b. ADDRESS <i>Farmington Mo</i>	23c. DATE SIGNED <i>4-7-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3-17-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Little Prairie Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Earthsville Mo</i>
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DATE REC'D BY LOCAL REG. <i>Apr. 7, 1956</i>	REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John St. Germain</i>	ADDRESS <i>Hayti, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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APR 19 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.....
John H. German

Licensed Embalmer No. *435*

P. O. Address.....
Hayti

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.