

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

State File No. **29725**

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5217** Registrar's No. **651**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY OR TOWN Rural - Madaway		c. CITY OR TOWN Savannah	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. south Savannah		e. STREET ADDRESS (If rural, give location) 2 mi. south of Savannah, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Lyman c. (Last) Reynolds			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED (Ever married, widowed, divorced) (Specify) Widowed	8. DATE OF BIRTH January 15, 1873	9. AGE (In years last birthday) 83	10. MONTHS 0 11. DAYS 0 12. IF UNDER 1 YEAR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Holt County, Missouri	

13a. FATHER'S NAME Dennis L. Reynolds		13b. MOTHER'S MAIDEN NAME Elizabeth Ann Bease		14. NAME OF HUSBAND OR WIFE Alice Reynolds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Owen Reynolds ADDRESS Forest City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic Aneurysm		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. 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? YES <input type="checkbox"/> NO <input checked="" 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)		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 **1950** to **9-15, 1956**, that I last saw the deceased alive on **9-5, 1956**, and that death occurred at **12 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Dorothy Long M.D. (Degree or title)		23b. ADDRESS Savannah Mo		23c. DATE SIGNED 9-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Benton Cemetery	
24d. LOCATION (City, town, or county) (State) Holt County, Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. M. Rich ADDRESS Savannah, Mo.			
DATE REC'D BY-LOCAL REG. 9-18		REGISTRAR'S SIGNATURE Lillian Sparks			

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

2-0

SEP 5 1958

SEP 18 1958

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 *Wm A. Rich*

Licensed Embalmer No. 4278

P. O. Address, Saratoga

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.