

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4118

FILED FEB 26 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 67

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CHAMOIS, MO.</u> <u>0760</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		Length of stay in 1b <u>4 days</u>	d. STREET ADDRESS <u>NONE</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>DORA ANNA REYNOLDS</u>			4. DATE OF DEATH Month <u>February</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 4, 1886</u>	9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>16</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and state or country) <u>MINT HILL, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>#USA</u>
13. FATHER'S NAME <u>LEVI MALAN</u>			14. MOTHER'S MAIDEN NAME <u>MARY AGNES BACLESSE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>MRS. VIRGIL STOCK, PERSHING, MISSOURI</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>uhs.</u> <u>ys</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>0</u>	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 17 1957 to Feb 20 1957 and last saw her alive on Feb 19 1957
Death occurred at 4:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Howard V. Mund, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Jeff. City, Mo.</u>	22c. DATE SIGNED <u>2/21/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/22/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bayless Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Osage County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Morton Funeral Home, Linn, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>21 February 1957</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Dorris, reg. M.P.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs observed. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 13 1957
FEB 28 1957

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 *Vernon Moston*

Licensed Embalmer No. 41-

P. O. Address *Lincoln*

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.