

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18282

STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>516 Franklin Ave</b>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>516 Franklin Ave.</b>	
3. NAME OF DECEASED (Type or print)		First <b>Elmer</b>		Middle <b>Dillard</b>		Last <b>Reynolds</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>11-25-1890</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Miner</b>				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>66</b>	
13. FATHER'S NAME <b>George Reynolds</b>				14. MOTHER'S MAIDEN NAME <b>Lucretia Shodgrass</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-07-2463</b>		17. INFORMANT <b>Wife</b>		Address <b>Moberly, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medulla failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>Malnutrition</b>	
						DUE TO (c) <b>Cilliosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Cilliosis diagnosed Dec. 1946 in a hand X-ray of PNEUMONIA</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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.)	
20c. TIME OF INJURY Hour a. m. p. m.		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 <b>Dec 1946</b> to <b>MAY 29 1957</b> and last saw <sup>her</sup> him alive on <b>MAY 29 1957</b> Death occurred at <b>2:50 P. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Terij S. Gally MD</b>				22b. ADDRESS <b>2903 1/2 N. Clark St. Moberly</b>		22c. DATE SIGNED <b>5-30-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>May 31, 1957</b>		23c. NAME OF CEMETERY <b>Sunset Memorial</b>		23d. LOCATION (City, town, or county) (State) <b>Moberly Mo.</b>	
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b>				ADDRESS <b>5-31-57</b>		25. DATE RECD. BY LOCAL REG. <b>5-31-57</b>	
				25. REGISTRAR'S SIGNATURE <b>Nealbourne</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed..... *John A. Green*

Licensed Embalmer No. *38*

P. O. Address *Mafes*

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.