

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018821

STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 163 Primary Registration District No. J-5-93 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give (TOWNSHIP) only) Inside Limits OR TOWN <b>PLATTIN</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>FESTUS</b> 6502 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>HIWAY T</b> —		d. STREET ADDRESS (If outside, give location) Reside on Farm <b>#5 RYAN ST</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>DWIGHT E REYNOLDS</b>			4. DATE OF DEATH Month Day Year <b>MAY 26 1958</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>NOV 28 1897</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>60</b> Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRATOR OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>S. NAVY DEPT.</b>	11. BIRTHPLACE (City and state or country) <b>FRANKLIN MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
-----------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------	-------------------------------------------------------------------	-----------------------------------------------

13. FATHER'S NAME <b>JAMES H. REYNOLDS</b>	14. MOTHER'S MAIDEN NAME <b>JENNIE E. BRIGHT</b>
-----------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>490-70-2833</b>	17. INFORMANT Address <b>LEE REYNOLDS DEUCEY 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>CORONARY OCCUSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		

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.) <b>View</b>	20f. CITY, TOWN, OR LOCATION <b>Plattin</b>	COUNTY <b>JEFF.</b>	STATE <b>MO.</b>
--------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	------------------------------------------------	------------------------	---------------------

21. I attended the deceased from **View**, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **12:30 p. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>James P. Corone</b>	22b. ADDRESS <b>Festus MO</b>	22c. DATE SIGNED <b>5/27/58</b>
------------------------------------------------------------	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>5/29/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ROSEHAWK MEMORIAL</b>	23d. LOCATION (City, town, or county) (State) <b>Crystal City MO</b>
-------------------------------------------	-----------------------------	----------------------------------------------------------------	-------------------------------------------------------------------------

24. FUNERAL DIRECTOR <b>Cady Funeral Home</b>	ADDRESS <b>Crystal City MO</b>	25. DATE RECD. BY LOCAL REG. <b>May 29-1958</b>	26. REGISTRAR'S SIGNATURE <b>Marie Harris</b>
--------------------------------------------------	-----------------------------------	----------------------------------------------------	--------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 2 1958

JUN 13 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 *Daniel J. Mal...*

Licensed Embalmer No. *43*

P. O. Address *Leb To.*

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.