

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006094  
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 71

300  
L-57

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>RFD 2 CHETOPA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JOPLIN GENERAL HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>8 MI NE OF CHETOPA</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SARAH JUNE REYNOLDS</u>		4. DATE OF DEATH Month Day Year <u>JANUARY 31, 1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 17, 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and state or country) <u>MARIONVILLE, MISSOURI</u>
13a. FATHER'S NAME <u>FRANK HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY (UNOBTAINABLE)</u>	14. NAME OF HUSBAND OR WIFE <u>LEWIS REYNOLDS</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>NO</u>	17. INFORMANT Address <u>LEWIS REYNOLDS RFD 2 CHETOPA, KANSAS</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>Acute medullary Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral anoxia, Toxic</u>			<u>5 da.</u>
DUE TO (c) <u>Broncho-PNEUMONIA</u>			<u>10 Days.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility, mal nutrition</u>			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>1-27-59</u> to <u>1-31-59</u> and last saw her/him alive on <u>1-31-59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. E. Alban</u> (Degree or title)		22b. ADDRESS <u>521 West 4th St.</u>	22c. DATE SIGNED <u>2/2/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB. 4, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BAXTER SPRINGS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>BAXTER SPRINGS, KANSAS</u>
24. FUNERAL DIRECTOR <u>GLEN W. HAMMONS</u> ADDRESS <u>OSWEGO, KANSAS</u>		25. DATE RECD. BY LOCAL REG. <u>2-10-1959</u>	26. REGISTRAR'S SIGNATURE <u>Abbe Merriam</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 3 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 *Allen Hammers* .....

Licensed Embalmer No. 4109 .....

P. O. Address...OSWEGO...KANSAS...

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.