

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1959

59-037995

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

12/15/59
 12/15/59
 Retired Manager
 Edith Reynolds
 DOCUMENT
 Lumberman-Line
 Edith Green Shores Reynolds
 Funeral Director
 BY AFFIDAVIT OF
 10a Lumberman-Line
 17 Edith Green Shores Reynolds
 BY AFFIDAVIT OF

| | | | | | | | |
|---|--|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Illinois ^{Missouri} COUNTY Schuyler ^{Randolph} | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Length of stay in 1b | | c. CITY OR TOWN Rushville Clark | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JAMES ROBERT REYNOLDS | | | 4. DATE OF DEATH Month Day Year OCTOBER 21 1959 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 4/4/1885 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Manager Lumberman | | 10b. KIND OF BUSINESS OR INDUSTRY Lumber Co. | | 11. BIRTHPLACE (City and state or country) Clark, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME James Reynolds | | 13b. MOTHER'S MAIDEN NAME Nettie Unknown | | 14. NAME OF HUSBAND OR WIFE Edith Green Shores 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. 342-09-89 | | 17. INFORMANT Edith Green Shores Reynolds, Clark, Mo. Edith Reynolds, Rushville, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6-12 HOURS |
| DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE | | | | | | | YEARS |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF PROSTATE WITH WIDESPREAD METASTASES | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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 Month, Day, Year 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 OCT. 16, 1959 to OCT. 21, 1959 and last saw her/him alive on OCT. 21, 1959 Death occurred at 7:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>C. D. Vermillion, M.D.</i> | | | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 10/21/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10-23-59 | 23c. NAME OF CEMETERY OR CREMATORY Local Cemetery | | 23d. LOCATION (City, town, or county) Rushville, Ill. | | | |
| 24. FUNERAL DIRECTOR Meador Funeral Home, Centralia, Mo. | | | 25. DATE RECD. BY LOCAL REG. OCT 22 1959 | | 26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i> | | |

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mailed

RECEIVED

1944

Faded and mostly illegible text, possibly containing names and dates.

BY THE STATE OF MISSOURI

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 Robert M. Murray

Licensed Embalmer No. 3744

P. O. Address St Louis, Mo

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.