

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041141

FILED VS NOV 16 1959

STATE FILE NUMBER

Registration District No. 254 Primary Registration District No. 5866 Registrar's No. 44

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Oregon</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lyrtle</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Oregon</u>
Length of stay in 1b <u>50 year</u>		c. CITY OR TOWN <u>Lyrtle</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Thayer, Missouri</u>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>James</u>	Middle <u>M.</u>	Last <u>Reynolds</u>	Month <u>Nov.</u>	Day <u>3</u>
5. SEX <u>Male</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>6/13/1899</u>
9. AGE (last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Dalton, Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A./</u>
13a. FATHER'S NAME <u>Irvin Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Arnold</u>		14. NAME OF HUSBAND OR WIFE <u>Lola 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>498-12-6315</u>		17. INFORMANT <u>Harold Reynolds</u> Address <u>Dexter, Missouri</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Chest and Head injuries.</u>		
DUE TO (b) <u>Auto accident 16 miles east of Thayer, Mo. On Highway No. 142.</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Car accident</u>
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway No. 142</u>	20f. CITY, TOWN, OR LOCATION <u>Lyrtle, Oregon</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.		21. Death occurred at <u>2:50 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Lee Dee Martin, M.D.</u>	22b. ADDRESS <u>Thayer, Mo.</u>	22c. DATE SIGNED <u>11-7-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/7/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thayer</u>
23d. LOCATION (City, town, or county) <u>Thayer, Missouri</u>		(State)
24. FUNERAL DIRECTOR <u>Carter Funeral Home, Thayer, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Richard Cant*

Licensed Embalmer No. 4516

P. O. Address *West Plains*

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.