

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

11248

State File No. ....

106

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 6186 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Taney Co Mo</u> <u>Buckley</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Sacramento</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Taneyville, Mo</u>		c. LENGTH OF STAY (in this place) <u>2 Wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sacramento Cal.</u>		d. STREET ADDRESS (If rural, give location) <u>3324 21st St. 20</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRETA</u> b. (Middle) <u>CAROLYN</u> c. (Last) <u>Reynolds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-49</u>		
5. SEX <u>1</u>	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>11</u>	8. DATE OF BIRTH <u>Feb 21, 1942</u>		9. AGE (in years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>student</u>	11. BIRTHPLACE (State or foreign country) <u>Sacramento</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>BAENEY H. Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>SIMMONS</u> <u>Myrtle Faye Reynolds</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Faye Reynolds Taneyville, Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u>	ANTECEDENT CAUSES DUE TO (b) <u>Run into side of Truck</u> DUE TO (c) <u>Run across Highway in front of truck</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Bruises and cuts over entire body</u>				
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (In or about home, car, factory, street, etc.) <u>Near Taneyville Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Taney Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-18-49 4 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Run into Truck</u>			
22. I hereby certify that I attended the deceased from <u>3-18</u> , 1949 to <u>3-18</u> , 1949, that I last saw the deceased <u>on 3-18</u> , 1949, and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Harry Foreyth</u>			23b. ADDRESS <u>Carson, Missouri MO</u>		23c. DATE SIGNED <u>3-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wickens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wickens Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar 24-1949</u>	REGISTRAR'S SIGNATURE <u>J.E. Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Foreyth</u>	ADDRESS <u>Foreyth Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,  
District File Number 449-313  
Date Filed 4-4-49

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 \_\_\_\_\_

Walter S. Cobb

Student Embalmer No. 307

working under my personal supervision.

Signed Walter S. Cobb  
Student Embalmer

Signed Minnie L. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Princeton 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 this body is not embalmed, fact should be so stated above.