

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24171

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		69	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	

3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>Lee</u> c. (Last) <u>Reynolds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1/19/1875</u>
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>hvac engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>hvac engineering</u>	
11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Tom Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Mitchell</u>	
14. NAME OF HUSBAND OR WIFE <u>Miss L Parrish</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'S SIGNATURE OR NAME <u>Dollie Kathleen</u>		ADDRESS <u>Madison</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Adenocarcinoma of the Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>W.K.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 15, 1949, to July 16, 1949, that I last saw the deceased alive on July 16, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Barnett</u>		23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>7-17-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	
24d. LOCATION (City, town, or county) (State) <u>Hollaway Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Little</u>		ADDRESS <u>204</u>	
DATE REC'D BY LOCAL REG. <u>July 19, 1949</u>		REGISTRAR'S SIGNATURE <u>W. A. Little</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Little</u>	
				ADDRESS <u>Madison</u>	

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

RECEIVED JUL 25 1949
District Health Officer No. 1
District File Number 7-49-12
Date Filed JUL 25 1949

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 _____
Student Embalmer

Signed Mr. Fred G. Thompson

Licensed Embalmer No. 3282

P. O. Address Malvern Pa

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.