

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36139

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE Missouri b. COUNTY Worth <u>115</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City <u>0</u>	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grant City <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Ella	
		c. (Last) Reynolds	
		4. DATE OF DEATH (Month) 10 (Day) 22 (Year) 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed <u>7</u>	8. DATE OF BIRTH 6 - 12 - 1874
		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 IF UNDER 1 YEAR Days 10 IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Virginia <u>1</u>
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Supinger		13b. MOTHER'S MAIDEN NAME Sarah Jane Zollman	14. NAME OF HUSBAND OR WIFE Lonzo L. 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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Agnes Zollman Grant City, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Caecum - of cancer INTERVAL BETWEEN ONSET AND DEATH 2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X	
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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-10 , 19 <u>48</u> , to 10-22 , 19 <u>49</u> , that I last saw the deceased alive on 10-21 , 19 <u>49</u> , and that death occurred at 10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS [Signature]	23c. DATE SIGNED 10-24-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-24-1949	24c. NAME OF CEMETERY OR CREMATORY Blockton Cemetery	24d. LOCATION (City, town, or county) (State) Blockton, Iowa
DATE REC'D BY LOCAL REG. 10-24-49	REGISTRAR'S SIGNATURE Reta E. Dawson <u>345</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Duffell Grant City, Mo.	

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

1300

APR 17 1951

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 Arch C. Dingle

Licensed Embalmer No. 3265-2

P. O. Address Grant City, 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.