

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12463**

0340
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 5393		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R.		c. LENGTH OF STAY (in this place) 8MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural,		0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Flem b. (Middle) McHenry c. (Last) Reynolds			4. DATE OF DEATH (Month) (Day) (Year) 3-31-50				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 3-27-80		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber		10b. KIND OF BUSINESS OR INDUSTRY Barbering		11. BIRTHPLACE (State or foreign country) Smallett, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Reynolds		13b. MOTHER'S MAIDEN NAME Emmely Miller		14. NAME OF HUSBAND OR WIFE Minnie Lee 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. 516-09-3160		17. INFORMANT'S SIGNATURE OR NAME Ethel Jennings ADDRESS Ava, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Corony. 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.					INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 3-31 , 19 50 , to 3-31 , 19 50 , that I last saw the deceased alive on 3-31 , 19 50 , and that death occurred at 1:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. C. P. Harlan D.O. (Degree or title)				23b. ADDRESS Ava Mo.		23c. DATE SIGNED 3-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-50	24c. NAME OF CEMETERY OR CREMATORY Ava		24d. LOCATION (City, town, or county) (State) Ava, Missouri		
DATE REC'D BY LOCAL REG. Apr. 26-50		REGISTRAR'S SIGNATURE Uestal Bushman		25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard ADDRESS Funeral Home, Ava, Mo.			

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MAY 1 1950

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, 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.