

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13735

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 56

0612

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Macon</u> <u>1612</u>	
c. LENGTH OF STAY (In this place) <u>Unknown</u>		d. STREET ADDRESS (If rural, give location) <u>305 Broadway</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 Broadway</u>			

3. NAME OF DECEASED a. (First) <u>Felix</u> b. (Middle) <u>May</u> c. (Last) <u>Reynolds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 5, 1880</u>		9. AGE (In years last birthday) <u>69</u>		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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Felix Baker</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Turner</u>			14. NAME OF HUSBAND OR WIFE <u>H.N. Reynolds</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>N. N. Reynolds Macon</u>			
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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) <u>Broncho-Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacillus Influenza</u>				14 days	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>UXDX</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>Macon Macon, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 March 27, 1950 to March 29, 1950, that I last saw the deceased alive on March 29, 1950, and that death occurred at 11:53 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>D. L. Carroll</u>		23b. ADDRESS <u>200 Macon Missouri</u>		23c. DATE SIGNED <u>3/30/50</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/1/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graves Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4/15/50</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> <u>85</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert S. Kummer Macon Mo</u>	
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RECEIVED 5-3-50
MACON COUNTY HEALTH DEPARTMENT

County File No. 5-50-100

Date Filed 5-4-50

SEP 29 1952

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 Robert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.