S. No. 300
v. 10-48

1941
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34512

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 362

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 318 Ward St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre 0941
d. STREET ADDRESS (If rural, give location) 318 Ward St.

3. NAME OF DECEASED (Type or Print)
a. (First) Lizzie
b. (Middle) Odeal
c. (Last) Reynolds

4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 13, 1886
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR: Months 10, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Ledbbering Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Marchand
13b. MOTHER'S MAIDEN NAME Matilda Straub
14. NAME OF HUSBAND OR WIFE Walter W. Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Reynolds, Bonne Terre 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Scirrhous Carcinoma left breast — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
170X

19a. DATE OF OPERATION 9/8/48
19b. MAJOR FINDINGS OF OPERATION Scirrhous Carcinoma left breast.
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 30, 1948, *to* Nov. 2, 1950, *that I last saw the deceased alive on* Nov. 1, 1950, *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Marvin T. How (Degree or title) D.M.D.
23b. ADDRESS Bonne Terre, Mo.
23c. DATE SIGNED 11-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 4, 1950
24c. NAME OF CEMETERY OR CREMATORY Bonne Terre
24d. LOCATION (City, town, or county) (State) Bonne Terre Mo

DATE REC'D BY LOCAL REG. Nov. 6, 1950
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benham and Co Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 13 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

NOV 4 1954

OCT 8 1950

JUN 10 1955

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre M

Signed .....
Student Embalmer

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.