

STANDARD CERTIFICATE OF DEATH

State File No. 41285

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 576

495

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newtown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Seneca Mo.</u>	
c. LENGTH OF STAY (in this place) <u>6 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi W. of Racine, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1729 Moffett</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Isabel</u> b. (Middle) _____ c. (Last) <u>Reynolds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>Oct. 19, 1865</u>
9. AGE (In years last birthday) <u>85</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Stephen T. Poe</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth May</u>		14. NAME OF HUSBAND OR WIFE <u>John Reynolds</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardiac decompensation + Pulmonary edema</u>		DUPLICATE OF (a) _____		_____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		_____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (b) <u>Myocardial degeneration</u>		_____	
		DUPLICATE OF (c) <u>Hypertensive Heart disease</u>		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____		_____	
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 9-3 1950, to 12-13, 1950, that I last saw the deceased alive on 12-13, 1950 and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald K. Woods</u>		(Degree or title)		23b. ADDRESS <u>202 Joplin Blvd. Joplin Mo.</u>		23c. DATE SIGNED <u>12-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Racine, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-19-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Seneca Mo</u>	

RECEIVED - 12-26-50
Jasper County Health Office
County File Number 50/12/896
Date Filed 12-26-50

824
for Bill Leonard

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.