

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30945**

Registrar's No. **10**

No. 300  
10-48

135

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

FILED OCT 3 1951

BIRTH NO. _____		REG. DIST. NO. <b>246</b>		PRIMARY REG. DIST. NO. <b>5835</b>		Registrar's No. <b>10</b>	
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>12 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin, Missouri</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4029 Missouri Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>4029 Missouri Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>W.</b> c. (Last) <b>REYNOLDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 8, 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 12, 1861</b>	9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Newton County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Reynolds</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Roark</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth A. Reynolds</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James R. Reynolds, 4029 Missouri Avenue</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>90 yrs old.</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>5 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>331X</b>				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) (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 <b>Sept. 5, 1951</b> , to <b>Sept. 8, 1951</b> , that I last saw the deceased alive on <b>Sept. 8, 1951</b> , and that death occurred at <b>9:15 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Edw. James</i> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Joplin, Missouri.</b>		23c. DATE SIGNED <b>9-11-51.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 10, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Swars Paraire Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Newton County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9-12-51</b>		REGISTRAR'S SIGNATURE <i>Edw. James</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>David Dillon Funeral Home, Joplin, Missouri</b>			

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 1051-216

Date Filed OCT 2 1951

NEOSHO, MISSOURI

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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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.