

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33792**  
**4263**

FILED OCT 20 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>4 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>West Line</b>		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>X</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b>			b. (Middle) <b>Franklin</b>		c. (Last) <b>Reynolds</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>August 29 1881</b>		9. AGE (In years last birthday) <b>70</b> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kentucky /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Reynolds</b>			13b. MOTHER'S MAIDEN NAME <b>Lettie Devar</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mattie Carey West Line, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Crushing injury of left side of chest</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>2 1/2</b> <b>3</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>149</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>West Line JACKSON MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 7, 1951</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Balance of hay fell on him</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <b>Geo. C. Keathner</b>							
23a. SIGNATURE (Degree or title) <b>Geo. C. Keathner, not deputy coroner</b>				23b. ADDRESS <b>4050 Broadway KC Mo</b>		23c. DATE SIGNED <b>10-6-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 7 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Freeman Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Freeman, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>10-6-51</b>		REGISTRAR'S SIGNATURE <b>J. M. Holman</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. C. L. Forster Kansas City, Missouri</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*John Stark*

Licensed Embalmer No. 4216

P. O. Address: St. Louis, 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.