

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40295**

XC 115 13 25  
Reg. 96456

FILED DEC 8-1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3772

1. PLACE OF DEATH a. CITY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KENTUCKY</b> b. COUNTY <b>Lyon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KUTTAWA</b>	
c. LENGTH OF STAY (In this place) <b>50 Days</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>VET. ADM. HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b>	b. (Middle) <b>E.</b>	c. (Last) <b>REYNOLDS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11/20/51</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8/12/95</b>
9. AGE (In years last birthday) <b>56 yrs</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>MARION, KENTUCKY</b>
			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charlie Reynolds</b>	13b. MOTHER'S MAIDEN NAME <b>Francis Bailey</b>	14. NAME OF HUSBAND OR WIFE <b>Mary H. Reynolds</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>World 401-34-9057</b>	17. INFORMANT'S SIGNATURE OR NAME <b>V. A. HOSPITAL RECORDS</b>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF LUNG</b>			
	ANTECEDENT CAUSES			
	DUE TO (b) _____			
	DUE TO (c) _____			
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	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) <b>- VA m.</b>	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 8/31, 1951, to 11/20, 1951, that I had seen the deceased ~~at the time of death~~ and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE 	(Degree or title) <b>BRIEN, M.D.</b>	23b. ADDRESS <b>V. A. HOSP. JEFF. BRKS. MO.</b>	23c. DATE SIGNED <b>11/20/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-21-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>	24d. LOCATION (City, town, or county) (State) <b>Kuttawa, Ky.</b>
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DATE REC'D BY LOCAL REG. <b>11-21-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 19 1962

**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 M. Murray

Licensed Embalmer No. 3749

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.