

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41211

State File No.

FILED DEC 19 1951

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 161

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington Mo</u>		c. LENGTH OF STAY (in the place) <u>1 hr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Frances Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>Hawkpoint</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HUTT</u> c. (Last) <u>REYNOLDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 4 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>74</u> <u>3</u> <u>5</u> If under 1 year: Months Days Hours Min.
11a. FATHER'S NAME <u>John Reynolds</u>		11b. MOTHER'S MAIDEN NAME <u>Catherine Cooper</u>	
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		13b. SOCIAL SECURITY NO. <u>none</u>	
14. NAME OF HUSBAND OR WIFE <u>Lena Reynolds</u>		15. INFORMANT'S SIGNATURE OR NAME <u>Lena Reynolds</u> ADDRESS <u>Hawkpoint Mo</u>	
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) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3h</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cordis -</u> DUE TO (c) <u>Basilar menal Stroke</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 <u>442X</u>	
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 <u>12-9-1951</u> , to <u>12-9-1951</u> , that I last saw the deceased alive on <u>12-9-1951</u> , and that death occurred at <u>8:12 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>David H. Helock M.D.</u>		23b. ADDRESS <u>Wanerton Mo</u>	
23c. DATE SIGNED <u>12-10-51</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-12-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hawkpoint</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Hawkpoint Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 13, 1951</u>		REGISTRAR'S SIGNATURE <u>H. E. Hudmann</u> <u>99</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Wayne M. Coy</u>		ADDRESS <u>Joy Mo</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 17 1951

RECEIVED

AMM - 1 - 1951

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

Wayne M E Boy

Licensed Embalmer No. *35806*

P. O. Address *Lroy 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.