

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16211**

FILED JUN 2 1952 REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3023** Registrar's No. **48**

472
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton mo 0422	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 118 W Jeto 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. Jeto			
3. NAME OF DECEASED a. (First) Wm b. (Middle) THOMAS c. (Last) REYNOLDS		4. DATE OF DEATH (Month) (Day) (Year) MAY 22 1952	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH 9/16/1877
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Henry Co mo 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME LOGAN REYNOLDS		13b. MOTHER'S MAIDEN NAME SARRAH JANE COMBLEY	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 110	17. INFORMANT'S SIGNATURE OR NAME HANNIE WALKER ADDRESS Clinton
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 week		7-10 yrs	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		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 May 14, 1952 , to May 22, 1952 , that I last saw the deceased alive on 14-May 1952 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE James Smith MD (Degree or title)		23b. ADDRESS Clinton, Missouri	23c. DATE SIGNED 5-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/25/52	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	24d. LOCATION (City, town, or county) (State) Clinton mo
DATE REC'D BY LOCAL REG. May-25-52	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE J E Consoler ADDRESS Clinton mo	

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 J E Consalve

Licensed Embalmer No. Clinton

P. O. Address M

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.