

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38323**

State File No. ....

No. 300  
10-48

**FILED DEC 8 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1078

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Greene	b. CITY (If outside corporate limits, write RURAL and give township) Springfield	a. STATE Missouri	b. COUNTY Stone
c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Reeds Spring	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital		d. STREET ADDRESS (If rural, give location) No street address	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) EUNA	b. (Middle) REYNOLDS	c. (Last) MC BEE	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) December 5 1952
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<b>5. SEX</b> Female	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Married	<b>8. DATE OF BIRTH</b> April 8, 1906	<b>9. AGE</b> (In years last birthday) 46	<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 24 HRS.</b> Days	<b>IF UNDER 10 HRS.</b> Hours	<b>IF UNDER 1 MIN.</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Housewife	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Own Home	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) Everton, Arkansas	<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.A.
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<b>13a. FATHER'S NAME</b> John S. Reynolds	<b>13b. MOTHER'S MAIDEN NAME</b> Juley Ann Speers	<b>14. NAME OF HUSBAND OR WIFE</b> James B McBee
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No No	<b>16. SOCIAL SECURITY NO.</b> Unknown	<b>17. INFORMANT'S SIGNATURE OR NAME</b> James B McBee, Reeds Spring, Missouri	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> 1 day 7 days 4 wks. 2 wks.
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Thrombo-Embolicism L. Pulmonary Artery</u>		
	<b>ANTECEDENT CAUSES</b> Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis R. Iliac Vein + Pumpiform Phlebs</u> DUE TO (c) <u>R. Bronchogenic Carcinoma</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastases to liver &amp; kidney</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> 162X	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from September 1950, to 12/5/1952, that I last saw the deceased alive on 12/5/1952, and that death occurred at 7:20 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Edward G. Hall M.D.</u>	(Degree or title)	<b>23b. ADDRESS</b> Springfield, Mo.	<b>23c. DATE SIGNED</b> 12/5/52
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Removal	<b>24b. DATE</b> Dec 5, 1952	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Flippin Arkansas Cemetery	<b>24d. LOCATION</b> (City, town, or county) (State) Flippin, Arkansas
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<b>DATE REC'D BY LOCAL REG.</b> 12-5-52	<b>REGISTRAR'S SIGNATURE</b> <u>Edith Williamson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Alma Schmeyer</u>	<b>ADDRESS</b> Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr Hall



**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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.