

3. No. 300
EV. 10.45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1739

State File No.

FILED FEB 6 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 37

7050

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (In this place) 8Yrs		7645	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San. & Hosp.		d. STREET ADDRESS (If rural, give location) 214 S. Pleasant St.	

3. NAME OF DECEASED (Type or Print) a. (First) MRS. MAY b. (Middle) COGSWELL c. (Last) REYNOLDS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 12, 1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Benton Co. Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas F. Osborne	13b. MOTHER'S MAIDEN NAME Eliza Jane Merrill	14. NAME OF HUSBAND OR WIFE Harry Reynolds Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Frank A. Reynolds ADDRESS Indep, Mo.
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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) Acute gangrene of ileum, with intestinal obstruction		
	ANTECEDENT CAUSES Intestinal obstruction Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Valvular 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Pathologist, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lorraine E. Schultz, M.D.	23b. ADDRESS Independence Sanitarium & Hospital	23c. DATE SIGNED 1-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep. Mo.
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DATE REC'D BY LOCAL REG. 1-26-53	REGISTRAR'S SIGNATURE James A. Ray	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Mitchell ADDRESS Indep. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andes, 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.