

STANDARD CERTIFICATE OF DEATH

State File No. 0002

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 37

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of institution) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Webb City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage, 0493 | |
| c. LENGTH OF STAY (in this place) 4 Days | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION, Jane Chinn Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) Elizabeth | a. (First) | b. (Middle) Jane | c. (Last) Reynolds | 4. DATE OF DEATH (Month) (Day) (Year) March 2, 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 Nov. 3-1876 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 3 | IF UNDER 24 HRS. Days 29 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Avilla, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Stanford Thor | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE |
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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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Reynolds, Cartersville, 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) MYOCARDITIS | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION | | |
| | DUE TO (c) ARTERIOSCLEROSIS | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE OF NECK OF LEFT FEMUR | | 1-MONTH |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION LEFT FEMUR | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) | 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 1945 to 3-2-1953 that I last saw the deceased alive on 3-2-1953 and that death occurred at 9:15 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Dr. J. P. Jones | 23b. ADDRESS CARTERSVILLE MO | 23c. DATE SIGNED 3-6-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-5-53 | 24c. NAME OF CEMETERY OR CREMATORY Reeds Cemetery | 24d. LOCATION (City, town, or county) (State) Reeds, Mo. |
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| DATE REC'D BY LOCAL REG. 3/6 '53 | REGISTRAR'S SIGNATURE Mac Madeline Switzer | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston Press Simpson Webb City, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

0492

FILED MAR 10 1953

RECEIVED 3-9-53
Jasper County Health Office

County File Number 53/3/227

Date Filed 3-9-53

MAR 25 1953

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 *Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address *Webb City, 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.