

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

State File No. \_\_\_\_\_

10695

44  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 14 1953		REG. DIST. NO. <u>209</u>	PRIMARY REG. DIST. NO. <u>3043</u>	Registrar's No. <u>143</u>
1. PLACE OF DEATH a. COUNTY <p align="center">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Marion</p>		
b. CITY OR TOWN <p align="center">Hannibal</p>		c. CITY OR TOWN <p align="center">Hannibal</p>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">631 Union St.</p>		d. STREET ADDRESS (If rural, give location) <p align="center">631 Union St.</p>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Columbus</u> b. (Middle) <u>A.</u> c. (Last) <u>Reynolds</u>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">4-1-1953</p>	
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>12/11/1894</u>	9. AGE (In years last birthday) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Mtce. Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>James Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Lacy</u>		14. NAME OF HUSBAND OR WIFE <u>Winifred</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Winifred Reynolds</u>
				ADDRESS <u>631 Union, Hannibal, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma right lung</u>  ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 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) <p align="center"><u>162X</u></p>
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>March, 1953</u> , to <u>April 1, 1953</u> , that I last saw the deceased alive on <u>March 31, 1953</u> and that death occurred at <u>6:55p m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>M. J. Boers</u>		23b. ADDRESS <u>228 Bdw, Hannibal, Mo.</u>		23c. DATE SIGNED <u>4-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/4/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Pk</u>
24d. LOCATION (City, town, or county) (State) <u>Hannibal, Marion, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Donnell</u>		
DATE REC'D BY LOCAL REG. <u>4/6/53</u>		REGISTRAR'S SIGNATURE <u>M. J. Boers</u>		
		ADDRESS <u>Hannibal, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

189-5

RECEIVED APR 10 1953  
MARION CO. HEALTH DEPT.,  
DATE FILED APR 10 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 Michael J. Adkinson

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.