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

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25527

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle 0560
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): L.
c. (Last): Mc Reynolds

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 4, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: Hours, Min.

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 (City and State or Foreign Country): La Belle, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Roberson
13b. MOTHER'S MAIDEN NAME: Kathyrne Cook
14. NAME OF HUSBAND OR WIFE: Alfred Mc Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S SIGNATURE OR NAME: Alfred Mc Reynolds
ADDRESS: La Belle, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 20 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: General Debility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1952 *to* July 12, 1953 *that I last saw the deceased alive on* July 11, 1953 *and that death occurred at* 8:20 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Waldo B. Isom MD
23b. ADDRESS: Knox City MO
23c. DATE SIGNED: 7/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/14/1953
24c. NAME OF CEMETERY OR CREMATORY: La Belle Cemetery
24d. LOCATION (City, town, or county) (State): La Belle, Missouri

DATE REC'D BY LOCAL REG.: 7-15-53
REGISTRAR'S SIGNATURE: P.W. Jennings M.D. 161-9
25. FUNERAL DIRECTOR'S SIGNATURE: J. Cloder Jr.
ADDRESS: La Belle, Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1953

NOV 18 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 Myr

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Cloder Jr.

Licensed Embalmer No. 4328

P. O. Address LaBelle, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.