V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29470

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 19

0760 0 1

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

1. PLACE OF DEATH

a. COUNTY: OSAGE

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MINT HILL

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): Mint Hill Mo R.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI b. COUNTY: OSAGE

c. CITY OR TOWN: MINT HILL d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location): R.D. 0760 0

3. NAME OF DECEASED (Type or Print): a. (First) Hugh b. (Middle) David c. (Last) Reynolds

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 26 1883

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 4 Days: 12 IF UNDER 24 HRS. Hours: Min:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov. Civil Service

10b. KIND OF BUSINESS OR INDUSTRY: Mechanic

11. BIRTHPLACE (City and State or Foreign Country): Mint Hill Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Reynolds

13b. MOTHER'S MAIDEN NAME: Bridget Jordan

14. NAME OF HUSBAND OR WIFE: Mrs Buena V Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Hugh Reynolds Mint Hill 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 15 yrs

DUE TO (c) Mitre Stenosis — 50 yrs.

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: 4200

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* Jan, 1950, *to* Sept 8, 1953, *that I last saw the deceased alive on* Sept 8, 1953, *and that death occurred at* 4:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norman W. Baldwin DO

23b. ADDRESS: Linn, Mo.

23c. DATE SIGNED: 9/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept 12/53

24c. NAME OF CEMETERY OR CREMATORY: Bayles Creek Cemetery

24d. LOCATION (City, town, or county) (State): Bayles Creek Mo

DATE REC'D BY LOCAL REG.: Sept. 12-1953

REGISTRAR'S SIGNATURE: [illegible] 235

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clyde Morton Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 15 1958

NOV 15 1962

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.....
Signature of Student Embalmer

Signed Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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