

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5058 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Monett</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monett</u>	
c. LENGTH OF STAY (in this place) <u>65 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Same</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Three Miles South, Monett</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMILE</u>	b. (Middle) <u>O</u>	c. (Last) <u>REYNAUD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 2, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR <u>8</u> Days	IF UNDER 24 HOURS <u>26</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>PAUL F. REYNAUD</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MARTHA LONG</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Wilks (deceased)</u>
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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) <u>No.</u>	16. SOCIAL SECURITY No. <u>702-03-9826</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EARL REYNAUD</u>	ADDRESS <u>MONETT, MO.</u>
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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 <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Livers</u>		
	ANTECEDENT CAUSES Meribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 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) m.	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 6-9-53, to 9-28-53, 1953, that I last saw the deceased alive on 9-28, 1953, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>Katherine Henderson</u>	23b. ADDRESS <u>124 W. Monett, Mo.</u>	23c. DATE SIGNED <u>9-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waldensian Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-1-53</u>	REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. D. Buchanan</u>	ADDRESS <u>Monett, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 24 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 J. D. Dushanar

Licensed Embalmer No. 3149

P. O. Address Monette 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.