No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45656

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. ~~[illegible]~~ 4505 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: ~~Bell City~~ Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Bell City~~ Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 1030 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN: Bell City
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 1030 0

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

4. DATE OF DEATH (Month) (Day) (Year): 12 18 53

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 6, 1953
9. AGE (In years last birthday): 93 — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Justice of Peace
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Angeline Miffland

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Jess Reynolds
ADDRESS: Bell City Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic interstitial nephritis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none 4201
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* 12-16, 1953, *to* 12-18-53, 1953, *that I last saw the deceased alive on* 12-16, 1953, *and that death occurred at* 7:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Elphort M. Rivers, D.C.
23b. ADDRESS: Bell City, Missouri
23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
24d. LOCATION (City, town, or county) (State): Stoddard Co. Mo.

DATE REC'D BY LOCAL REG.: 12-28-53
REGISTRAR'S SIGNATURE: Bernice Moore 360-1
25. FUNERAL DIRECTOR'S SIGNATURE: Thos. H. Morgan
ADDRESS: Advance Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H. Marg

Licensed Embalmer No. 464

P. O. Address Advance,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.