

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

1678

State File No.

No. 300
10.48

FILED JAN 18 1954

REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WASHINGTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atherton	
c. LENGTH OF STAY (in this place) 6 Days		d. STREET ADDRESS (If rural, give location) Reynold Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 702 W. 86th Terr		2000 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Augustus	b. (Middle) Raymond	c. (Last) Reynolds	(Month) Jan.	(Day) 8	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6 Oct., 1882	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter		10b. KIND OF BUSINESS OR INDUSTRY Refrigeration		11. BIRTHPLACE (City and State or Foreign Country) / Lincoln, Neb.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Reynolds	13b. MOTHER'S MAIDEN NAME Mary Unknown	14. NAME OF HUSBAND OR WIFE Fannie Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-05-2036	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fannie Reynolds 702 W 86th Terr. C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF LIVER		
	DUE TO (c) DUE TO (c) PARKINSON'S SYNDROME		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PARKINSON'S SYNDROME			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION PARALYSIS AGITANS	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) 1561
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 3-19-53, to 10-2-54, that I last saw the deceased alive on 1-7-54, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. J. Tenfold, D.O.	23b. ADDRESS 2512 Euclid Parkway K.C. Mo.	23c. DATE SIGNED 1-9-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10 Jan 54	24c. NAME OF CEMETERY OR CREMATORY Floral Hills
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels K.C. Mo.
DATE REC'D BY LOCAL REG. 1/9/54	REGISTRAR'S SIGNATURE [Signature]	

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

Dr. C. J. Penfold 2512 Swope Parkway

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 *Lloyd C. McLeod*

Licensed Embalmer No. *4853*

P. O. Address *K. C. 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.