

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH DATE **FRIED JAN 19 10E A** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **1**

1080

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

1. PLACE OF DEATH a. COUNTY Linn b. CITY OR TOWN Washington Twp 1-1-23 c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Lt. Capt. Keiser #3		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY W. McDonald c. CITY OR TOWN Goodman 0600 d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) James W. Reynolds a. (First) James b. (Middle) W. c. (Last) Reynolds		4. DATE OF DEATH (Month) (Day) (Year) Jan-9-1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6-1871	9. AGE (In years last birthday) 82- Months 7 Days 3 If UNDER 1 YEAR If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranching		10b. KIND OF BUSINESS OR INDUSTRY Ranching	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Esse Reynolds		13b. MOTHER'S MAIDEN NAME Lavina Astel	14. NAME OF HUSBAND OR WIFE Elmer Reynolds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Keiser ADDRESS Keiser		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Emphysema ANTECEDENT CAUSES perforation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) perforation DUE TO (c) perforation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. perforation		INTERVAL BETWEEN ONSET AND DEATH 2 yr. 1 yr.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 304X		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)		
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 11/17/52 , to 1/9/54 , 19 54 , that I last saw the deceased alive on 1/8/54 , 19 54 , and that death occurred at 7:00 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE W. D. Keiser M.D. (Degree or title)		23b. ADDRESS Neosho Mo		23c. DATE SIGNED 1-9-54
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE 1-11-54	24c. NAME OF CEMETERY OR CREMATORY OAK Wood	24d. LOCATION (City, town, or county) (State) R#4. Neosho	
DATE REC'D BY LOCAL REG. 1-16-54	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE CLARK-BIGHAM	ADDRESS Neosho Mo	

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 Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4646

P. O. Address Nescho, 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.