

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11786**

Filed **MAY 3 1954**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2002		Registrar's No. 420			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Springfield		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2116 N. Benton				e. STREET ADDRESS (If rural, give location) 2116 N. Benton					
3. NAME OF DECEASED (Type or Print) a. (First) Artie			b. (Middle) Mabery		c. (Last) Reynolds		4. DATE OF DEATH (Month) (Day) (Year) April 25 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 13, 1891		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco Rail Road		10b. KIND OF BUSINESS OR INDUSTRY Frisco BRAKEMAN		11. BIRTHPLACE (City and State or Foreign Country) Ark.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas H. Reynolds			13b. MOTHER'S MAIDEN NAME Sara M. Tedlock			14. NAME OF HUSBAND OR WIFE Agnes 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. 702-03-6718		17. INFORMANT'S SIGNATURE OR NAME Agnes Reynolds				ADDRESS Springfield, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant cholangioma				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) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1561					
19a. DATE OF OPERATION 3-25-54		19b. MAJOR FINDINGS OF OPERATION Malignant cholangioma (liver biopsy)						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) (m.)		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 Mar 15, 1954 to Apr 25, 1954 , that I last saw the deceased alive on Apr 25, 1954 , and that death occurred at 11:15 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dou Silsby M.D.				23b. ADDRESS Springfield Mo			23c. DATE SIGNED 4-26-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-54		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield Mo.			
DATE REC'D BY LOCAL REG. 4-28-54		REGISTRAR'S SIGNATURE Paul Williamson		FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co.		ADDRESS Spfld. Mo.			

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

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 *Ogle Stone Jr.*.....

Licensed Embalmer No. *4112*

P. O. Address *Springfield*

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