

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17924**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. CITY OR TOWN <b>Moberly</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>75 days</b>		e. STREET ADDRESS (If rural, give location) <b>819 Lilly</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ellis Fischel State Cancer Hosp.</b>			

3. NAME OF DECEASED a. (First) <b>Jennie</b> (Type or Print)			b. (Middle)			c. (Last) <b>Reynolds</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 26 54</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>N.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 15-1882</b>			9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>11</b>		IF UNDER 12 HRS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri, Jacksonville</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>FRED Alderson</b>			13b. MOTHER'S MAIDEN NAME <b>Charlotte Alderson</b>			14. NAME OF HUSBAND OR WIFE <b>UNKNOWN Dave Reynolds</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>			ADDRESS		

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) <b>Coronary Occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>70 min.</b>	
		ANTECEDENT CAUSES Morbidity 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. <b>Carcinoma of Cervix with liver metastases.</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201 H</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Apr. 12, 1954**, to **June 26, 1954**, that I last saw the deceased alive on **June 26, 1954**, and that death occurred at **11:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. Dimmock</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Ellis Fischel State Cancer Hosp.</b>		23c. DATE SIGNED <b>6/26/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>June 30 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly 1950</b>			
DATE REC'D BY LOCAL REG. <b>June 26 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>		31-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. L. COV</b>		ADDRESS <b>417 N. 5th St Moberly Mo</b>	

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 *R. R. Carr*.....

Licensed Embalmer No. *3190*.....

P. O. Address *Mary 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.