

FILED OCT 19 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34875

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

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) ST. JAMES	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. JAMES	d. Is 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 Soldiers Home Hospital		e. STREET ADDRESS (If rural, give location) 0810	

3. NAME OF DECEASED a. (First) MABEL b. (Middle) MARY c. (Last) REYNOLDS			4. DATE OF DEATH (Month) (Day) (Year) OCT. 10, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH MAR. 3, 1900	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 7 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ←	11. BIRTHPLACE (City and State or Foreign Country) Emminence, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rutus Parcel	13b. MOTHER'S MAIDEN NAME Rose Mae Inman	14. NAME OF HUSBAND OR WIFE Wm E. Reynolds
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ←	16. SOCIAL SECURITY NO. ←	17. INFORMANT'S SIGNATURE OR NAME Wm E. Reynolds, ST. JAMES, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myeloradiculitis		INTERVAL BETWEEN ONSET AND DEATH Indefinite
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 343X	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 **9-22, 1954** to **10-10, 1954**, that I last saw the deceased alive on **10-10, 1954**, and that death occurred at **6:50 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Wm E. Reynolds (Degree or title)	23b. ADDRESS St. James - MO	23c. DATE SIGNED 10-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Soldiers Home Cem.	24d. LOCATION (City, town, or county) (State) ST. JAMES; MO.
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DATE REC'D BY LOCAL REG. 10-12-54	REGISTRAR'S SIGNATURE Ruth B. Powell	479	25. FUNERAL DIRECTOR'S SIGNATURE Oral E. Lieblider ADDRESS St James Mo
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County File Number _____
Date Filed 10/18/54

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 me Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Creel E. LeKlieb

Licensed Embalmer No. 354

P. O. Address St. Jemie

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.