

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5824**

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5971** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion 0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION Died in the Home		d. STREET ADDRESS (If rural, give location) 4 miles W. Bolivar	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Franklin c. (Last) Reynolds			4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 3, 1892
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Reynolds	
13b. MOTHER'S MAIDEN NAME Runyan		14. NAME OF HUSBAND OR WIFE Golden Reynolds	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 497-38-0047	17. INFORMANT'S SIGNATURE OR NAME Golden Reynolds	
		ADDRESS Bolivar, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Five Minutes
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **Feb. 21, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Lloyd B. Erwin, Coroner Polk Co. 3	23b. ADDRESS Bolivar, Mo.	23c. DATE SIGNED 2/25/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 23-55	24c. NAME OF CEMETERY OR CREMATORY Barren Creek Cemetery
24d. LOCATION (City, town, or county) (State) Polk Co. Mo.		

DATE REC'D BY LOCAL REG. Feb 28, 1955	REGISTRAR'S SIGNATURE Ralph Gordon per Gerald Gordon	25. FUNERAL DIRECTOR'S SIGNATURE Pitts Funeral Home	ADDRESS Bolivar, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed _____

Robert J. Petta

Licensed Embalmer No. 4939

P. O. Address Bolivar, 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.