

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21888**

FILED AUG 12 1955

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>103</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Trenton</u>		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 <u>Wrights Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1830 E 9th St 0403</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>Clifford</u>		c. (Last) <u>Mc Reynolds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED.</u>		8. DATE OF BIRTH <u>JAN 4, 1883</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Merced County</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>C.C. Mc Reynolds.</u>			13b. MOTHER'S MAIDEN NAME <u>Levesta BRYAN</u>			14. NAME OF HUSBAND OR WIFE <u>GRACE M. Mc Reynolds.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GRACE M. Mc Reynolds Trenton, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION Cardio - Vascular Renal Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						442X	
		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 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 <u>July 1st 1954</u> , to <u>July 18th 1955</u> , that I last saw the deceased alive on <u>July 18</u> , 1955, and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Clara F. Duffey MD</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>July 1st</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton MO</u>			
DATE REC'D BY LOCAL REG. <u>7-20-55</u>		REGISTRAR'S SIGNATURE <u>Dwaine Javis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boston Blackmer</u>		ADDRESS <u>Trenton, Mo.</u>			

(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. 516
working under my personal supervision..

Student... Claude H. Chandler.....
Signature of Student Embalmer

Signed... Jordan Blackmer.....

Licensed Embalmer No... 460.....

P. O. Address... Trenton.....

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.