

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24074

FILED AUG 15 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6372**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) c. LENGTH OF STAY (in this place) OR TOWN <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>LaBelle</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>05th</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Raymond</b>	b. (Middle) <b>M.</b>	c. (Last) <b>McReynolds</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 22, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>June 14, 1895</b>	9. AGE (In years last birthday) <b>60</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bulk Plant Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gasoline Station</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Deer Ridge, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert J. McReynolds</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Pugh</b>	14. NAME OF HUSBAND OR WIFE <b>Niana McReynolds</b>
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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>Nil</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret B. Corbin, Baring, Mo.</b>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis of Left lung (lower lobe) Pulmonary Oedema; Patoma of the brain, suffered when he was found on a Country Rd., 6 mi north of LaBelle Mo. around 4:30 p.m., July 20 1955.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Could not be determined open Verdict</b>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Open Verdict</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Patrick C. Taylor</b>	(Degree or title)	23b. ADDRESS <b>Carroll 1300 Clark</b>	23c. DATE SIGNED <b>7.25.55.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-23-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LaBelle Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>LaBelle, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 25 1955</b>	REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington Blvd</b>	ADDRESS _____
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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.....  
Signature of Student Embalmer

Signed.....  
*J. W. Bunker*

Licensed Embalmer No. *361*

P. O. Address *So. Lee*

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.