

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1956

State File No. **3907**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **195**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Plattsburg</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8yrs 27days</b>		e. STREET ADDRESS (If rural, give location) <b>0250</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #2</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LOUISE</b>	b. (Middle) <b>A.</b>	c. (Last) <b>REYNOLDS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 18, 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 22, 1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR <b>3</b> Months	IF UNDER 24 HRS. <b>27</b> Hours
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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>Platte County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Harrie H. Black</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Burnham</b>	14. NAME OF HUSBAND OR WIFE <b>Willis Reynolds</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>nil</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dr S. D. Reynolds, Plattsburg, 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>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4-17-55</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>		<b>10 yrs</b>
	DUE TO (c) <b>Psychotic</b>		<b>8 yrs</b>
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 <b>331x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 18**, 19 **56**, to **Feb 18**, 19 **56**, that I last saw the deceased alive on **Feb 18**, 19 **56**, and that death occurred at **3:55P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G. E. Gossiaux M.D.</b>	23b. ADDRESS <b>State Hospital #2, City</b>	23c. DATE SIGNED <b>2-18-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Feb 18, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Plattsburg, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb 23, 1956</b>	REGISTRAR'S SIGNATURE <b>Loethen M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. D. Lyon, Plattsburg, Missouri</b>	ADDRESS
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No. 300  
10.48

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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 Phillips E. Cox, Student Embalmer No. 516

working under my personal supervision.

Student

Phillips E. Cox  
Signature of Student Embalmer

Signed

Danell H. Lyon

Licensed Embalmer No. 364

P. O. Address

Platteburg

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.