

FILED FEB 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5601

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5720 Registrar's No. 409

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Liberty Twnp.		c. CITY OR TOWN	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		e. STREET ADDRESS (If rural, give location) Rural, Liberty Twnp. 06110	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) (NMI) c. (Last) Reynolds			4. DATE OF DEATH Jan. 12, 1956 (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6 Days 17	IF UNDER 1 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Reynolds		13b. MOTHER'S MAIDEN NAME Rachel A. Dawson		14. NAME OF HUSBAND OR WIFE Ethel Mary Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wesley Reynolds, Macon, 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) Cerebral Vascular Accident 34 hrs		INTERVAL BETWEEN ONSET AND DEATH 34 hrs several years During
	ANTECEDENT CAUSES Mortif conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and DUE TO (c) Atherosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Seizure Episode of Cerebrum 12 hrs		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Thrombosis 331X		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 55	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **July 16, 1956** to _____, 19____, that I last saw the deceased alive on **July 19, 1956** and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Durdan, D.O.	(Degree of title)	23b. ADDRESS Macon	23c. DATE SIGNED 1-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 13, 1956	24c. NAME OF CEMETERY OR CREMATORY Bellview Cemetery Macon County, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 1/26/56	REGISTRAR'S SIGNATURE Wesley Reynolds	185	25. FUNERAL DIRECTOR'S SIGNATURE R. Leslie Blum	ADDRESS Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2.20.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 2.56.12
Filed 2.21.56

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 *Howard F Myers*.....

Licensed Embalmer No. *44*

P. O. Address *Macon*.....

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.