

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15652

FILED MAY 28 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 545

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>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> )	c. LENGTH OF STAY (In this place) <b>life</b>	c. CITY OR TOWN <b>St. Joseph</b>	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 <b>2921 Angelique Street</b>		e. STREET ADDRESS (If rural, give location) <b>2921 Angelique Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>NOAH</b>	b. (Middle) <b>ALBURY</b>	c. (Last) <b>REYNOLDS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 1956</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>never married</b>	8. DATE OF BIRTH <b>Jan. 13, 1878</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. proprietor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Seed Company</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Buchanan County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Guy Reynolds</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>none</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. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Krumme</b>	ADDRESS <b>2921 Angelique St., St. Joseph, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion, acute</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic cardiovascular disease</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	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) (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 8-2, 1955, to 5-15, 1956, that I last saw the deceased alive on 5-14, 1956, and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm B. Krumme</b> (Degree or title) <input checked="" type="checkbox"/>	23b. ADDRESS <b>316 W 10th St Joseph Mo</b>	23c. DATE SIGNED <b>5-15-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5/18/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Feugay Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Buchanan County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 22, 1956</b>	REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Newton-Bowman</b>	ADDRESS <b>St Joseph Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

85

Mr. Post

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 *William Spalburg*.....

Licensed Embalmer No. 4523

P. O. Address 395 10th

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.