

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27508

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN La Belle		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) 0560				
3. NAME OF DECEASED (Type or Print) a. (First) Alfred			b. (Middle) Mc Reynold's			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) August 27, 1956								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 27, 1873		
9. AGE (in years last birthday) 83		IF UNDER 1 YEAR Months 3 Days 0		IF UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) La Belle, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel McReynold's			13b. MOTHER'S MAIDEN NAME John Ann Rowe			14. NAME OF HUSBAND OR WIFE Annie McReynolds		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give nature of service) *****		16. SOCIAL SECURITY NO. 491-26-8844		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wade Carrol		ADDRESS La Belle, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 794X					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 Aug 10, 1954 , to Aug 27, 1956 that I last saw the deceased alive on Aug 27, 1956 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE W. J. Boter MD (Degree or title)				23b. ADDRESS La Belle, Mo		23c. DATE SIGNED 8/28/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/29/56		24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery		24d. LOCATION (City, town, or county) (State) La Belle, Missouri		
DATE REC'D BY LOCAL REG. 8-29-56		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Plader J. La Belle, Mo		ADDRESS		

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

1610

SEP 13 1956

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 myself, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed J. Gloder Jr.
Licensed Embalmer No. 432

P. O. Address La Bell

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.