

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30293**
Registrar's No. **50**

FILED SEP. 26 1958

BIRTH NO. _____ REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **4173**

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN #4# - Ava		c. CITY OR TOWN Ava	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Franklin c. (Last) Reynolds			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Dealer		10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (City and State or Foreign Country) Ava, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Moses C. Reynolds		13b. MOTHER'S MAIDEN NAME Elizabeth Hailey		14. NAME OF HUSBAND OR WIFE Vivian Reynolds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Vivian Reynolds, Ava, Mo. ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia - Chronic		DUE TO (b) Cardio-Renal Failure			3 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Chronic Myocarditis			3 days	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Chronic Rheumatoid arthritis					12-15 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442x			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) (Min)			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on **9:30P** m., from the causes and on the date stated above.

23a. SIGNATURE M. C. Bentley (Degree or title) M.D.		23b. ADDRESS Ava Mo		23c. DATE SIGNED 9-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9 7 1956		24c. NAME OF CEMETERY OR CREMATORY Ava	
		24d. LOCATION (City, town, or county) (State) Ava, Missouri			

DATE REC'D BY LOCAL REF. Sept 15 56		REGISTRAR'S SIGNATURE Walter Bushman		25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Ava, Mo. ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Lyle C. Clinkingbeard*

Licensed Embalmer No. *4830*

P. O. Address *Ma., Mo.*

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.