

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42445

STATE FILE NUMBER

FILED DEC 28 1956

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Marion Twp.		c. CITY OR TOWN West Marion Twp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. W. of Bolivar		d. STREET ADDRESS (If outside, give location) 6 Mi. W. of Bolivar	
Length of stay in lb Life		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) First Abraham Middle Comadore Last Reynolds			4. DATE OF DEATH Dec. 8, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 6, 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 2 Days 2 Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) West of Bolivar, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas M. Reynolds			14. MOTHER'S MAIDEN NAME Arah Ann Runyan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I	17. INFORMANT I. S. Reynolds Address Bolivar, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 7 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		H20.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Bolivar		COUNTY Polk	STATE Mo.
21. I visited the deceased last on Dec. 8, 56 at _____ and last saw him alone on Dec. 8, 56 at 4:45p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Obey Lester Comadore Polk Co. (Degree or title)			22b. ADDRESS Bolivar Mo.		22c. DATE SIGNED Dec. 13, 56

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Dec. 12, 1956	23c. NAME OF CEMETERY OR CREMATORY Barren Creek Cemetery	23d. LOCATION (City, town, or county) (State) Polk County, Mo.
24. FUNERAL DIRECTOR Ewain & Blue ADDRESS Bolivar, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 18, 1956	26. REGISTRAR'S SIGNATURE Ralph Gordonper Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service
300-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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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 *Marshall C. Blair*.....

Licensed Embalmer No. *47*.....

P. O. Address *Bolivar*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.