

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

568

FILED FEB 6 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5210 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tina (RURAL) STOKES MOOND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>823 North 5th st.,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>J. R. Breeding farm</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>Max</u>	c. (Last) <u>Reynolds</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 19, 1932</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caffeteria work, Bakery</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>u.s.a.</u>
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13a. FATHER'S NAME <u>Bruce Reynolds</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gossett</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>Korean-Marine 491-24-9225</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Gossett</u>	ADDRESS <u>823 N. 5th St. Joseph, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Death due to</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>22 CAL. RIFLE WOUND IN</u> DUE TO (c) <u>Head</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9191</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>43'</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stokes Moond</u> <u>Carroll</u> <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>FEB - 1 - 57 9:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidental Shot in head</u>
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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 at 9:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James P. Cochran Coroner</u>	23b. ADDRESS <u>103 E. 9th Carrollton Mo.</u>	23c. DATE SIGNED <u>2-1-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2-1-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 2, 1957</u>	REGISTRAR'S SIGNATURE <u>Max Rex Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Fisher</u>	ADDRESS <u>Tina, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49-C

FEB 8 1957

MAY 1 1957

APR 12 1957

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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 this body is not embalmed, fact should be so stated above.