

STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1957

774
STATE FILE NUMBER

Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Buffalo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT hospital, give location) HOSPITAL OR INSTITUTION <u>N Locust</u> Length of stay in lb <u>3 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>N Locust</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>William D. Reynolds</u> First Middle Last			4. DATE OF DEATH <u>January 30, 1957</u> Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 25, 1872</u>
9. AGE (In years last birthday) <u>84</u>		10. KIND OF BUSINESS OR INDUSTRY <u>U.S. Gov't</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>mail carrier</u>		11. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u>	
13. FATHER'S NAME <u>Mark Reynolds</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Cowden</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>Mrs. Leland Williams</u> Address <u>Buffalo, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) <u>Chr. Myocarditis</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Chronic Prostatitis & Uremia 4221</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>6 mo.</u> <u>10 years</u>
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 type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1945</u> to <u>1-30-57</u> and last saw him alive on <u>1-30-57</u> Death occurred at <u>12:05</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Clarence Gammum M.D.</u>		22a. ADDRESS <u>Buffalo Mo.</u>	
22b. DATE SIGNED <u>2-2-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-1-57</u>	23c. NAME OF CEMETERY <u>Reynolds</u>	23d. LOCATION (City, town, or county) (State) <u>West of Buffalo, Mo.</u>
24. FUNERAL DIRECTOR <u>Jones of Buffalo, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2/4/57</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. Grace Petree</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

(by me) or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gene C. Hunter*

Licensed Embalmer No. *47*

P. O. Address *Buffalo*

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.