

No. 300 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25599

State File No.

FILED JUL 19 1957

BIRTH NO.		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>59</u>			
1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u>				b. COUNTY <u>PERRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PERRYVILLE</u>			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>PERRYVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1020 Lottes</u>				e. STREET ADDRESS (If rural, give location) <u>1020 Lottes.</u>				<u>07910</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>			b. (Middle) <u>HENRIETTA</u>		c. (Last) <u>REYNOLDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6, 1957</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <u>WIDOW</u> , DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 4, 1885</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS DEAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARY O'MARA</u>			14. NAME OF HUSBAND OR WIFE <u>GEORGE REYNOLDS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edwin Weibrecht, Perryville, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Tuberculosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>						<u>2 1/2 yrs. 6 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200A</u>						20. AUTOPSY? <u>2</u> 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) 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 <u>5-20</u> , 19 <u>55</u> , to <u>6-5</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-5</u> , 19 <u>57</u> and that death occurred at <u>10:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>G. F. Faisch, M.D.</u>				23b. ADDRESS <u>Perryville, Mo.</u>			23c. DATE SIGNED <u>6-7-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUNE 8, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>PERRYVILLE, MO.</u>			
DATE REC'D BY LOCAL REG <u>6-8-57</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u>			ADDRESS <u>Perryville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Albert Bey

Licensed Embalmer No. *3876*

P. O. Address *Ferrynille*

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.