THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1957

28331
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3595

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Research Hospital — Length of stay in 1b: 7-5-57

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Miami — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): R. F. D. 1 mi. South — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Edna Middle: M. Last: Reynolds

4. DATE OF DEATH Month Day Year: July 28, 1957

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 10, 1885

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Pettis Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Louis W. Hanes

13b. MOTHER'S MAIDEN NAME: Sarah Lee

14. NAME OF HUSBAND OR WIFE: Ben F. Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mrs. Hunter Phillips, Marshall, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): terminal broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): carcinoma of the head of the pancreas — 3 months

DUE TO (c): metastatic carcinoma of lungs and liver — 2 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): vitamin deficiences 157.4

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 15, 1957, to July 28, 1957 and last saw her/him alive on July 28, 1957. Death occurred at 11 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Graham Asher (Degree or title) — Graham Asher MD

22b. ADDRESS 1220 Prof. Bldg. K. C. 6, Mo.

22c. DATE SIGNED 7-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 7-31-57

23c. NAME OF CEMETERY OR CREMATORY: Miami Cemetery

23d. LOCATION (City, town, or county) (State): Miami, Mo.

24. FUNERAL DIRECTOR: J. Leslie Sweeney — ADDRESS: Marshall, Mo.

25. DATE RECD. BY LOCAL REG.: 7-31-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1957

KP 2

MAY

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Leslie Swerna

Licensed Embalmer No. 3 2 3

P. O. Address Marshall

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