

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006549

STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 229 Primary Registration District No. 5809 Registrar's No. 70

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>MONTGOMERY</u>		a. STATE <u>MO</u>	b. COUNTY <u>MONTGOMERY</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEW FLORENCE</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN	Inside Limits <u>0700</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in 1b	d. STREET ADDRESS <u>3 MILLERS Cmt 7 New</u>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>MABEL</u>	Middle <u>E LUVINA</u>	Last <u>REYNOLDS</u>	Month <u>Feb</u>	Day <u>3</u> Year <u>58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 10 1899</u>	9. AGE (In years last birthday) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Leo Klauberg</u>		14. MOTHER'S MAIDEN NAME <u>Alvina Summers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Steve Reynolds</u> Address <u>New Florence</u>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary embolism</u>		<u>5 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		<u>4201</u>
DUE TO (b) _____		
DUE TO (c) _____		
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"/>
<u>Previous coronary embolism with healed infarct; Arteriosclerotic hypertension.</u>		<u>2</u>

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 May 31, 1957 to Feb. 3, 1958 and last saw her ^{her} _{husband} alive on Jan. 23, 1958
Death occurred at 4:10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. H. Thompson D.O. (Degree or title) 22b. ADDRESS New Florence Mo 22c. DATE SIGNED Feb 4, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb 7, 58 23c. NAME OF CEMETERY OR CREMATORY National 23d. LOCATION (City, town, or county) (State) St Louis Mo

24. FUNERAL DIRECTOR Carl Harding Jones ADDRESS _____ 25. DATE RECD. BY LOCAL REG. Feb 10 1958 26. REGISTRAR'S SIGNATURE Laura B. Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Paul A. Darden*.....

Licensed Embalmer No. *4111*.....

P. O. Address *Jonesburg*.....

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.