

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3610 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Frances Hosp</u>	
c. LENGTH OF STAY (In this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u> b. (Middle) <u>Gay</u> c. (Last) <u>Reynolds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23rd 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 14th 1958</u>	9. AGE (In years last birthday) <u>9 days</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jack L Reynolds</u>	13b. MOTHER'S MAIDEN NAME <u>Deloris Foster</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack L Reynolds, Chmn. Ill</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital heart disease</u>		
	DUE TO (c) <u>other defects (see over)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9 days</u>	

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7545</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from 14 April 1958, to 23 April 1958, that I last saw the deceased alive on 23 April 1958, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A. Kinder M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo.</u>	23c. DATE SIGNED <u>23 April 58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>April 24 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonesboro</u>	24d. LOCATION (City, town, or county) (State) <u>Jonesboro, Ill</u>
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DATE REC'D BY LOCAL REG. <u>April 26, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Norris</u>	ADDRESS <u>Jonesboro Ill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

- ① Bilateral cleft palate & lip
- ② Vestigial PINNAE
- ③ Six fingers, right hand
- ④ Cranial defect, resembling Cranioscele in occipital area, with skin and bone defects.
- ⑤ CLAW nails on both 5TH fingers.

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul Norris

Licensed Embalmer No. 2490

P. O. Address Jonesboro, Ill

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.