

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015354

STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 110

Health, Welfare  
Public  
Service

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u> <u>0883</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>508 N. Morley Street</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>First</u> <u>GEORGE</u> <u>Middle</u> <u>MATT</u> <u>Last</u> <u>REYNOLDS</u>				4. DATE OF DEATH <u>Month</u> <u>Day</u> <u>Year</u> <u>May 1, 1958</u>					
5. SEX <u>Male</u> <u>0</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>June 22, 1877</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent-Telegrapher, Ret'd</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR Co.</u>		11. BIRTHPLACE (City and state or country) <u>Macon County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>William Reynolds</u>				14. MOTHER'S MARDEN NAME <u>Catherine Cunningham</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. <u>702-05-8143</u>		17. INFORMANT <u>Harold Reynolds</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>Encephalopathy due to arteriosclerosis (with mal-nutrition)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral arteriosclerosis (with C.V.A. about 2 years ago)</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>About 1 Mo.</u> <u>Years(?)</u> <u>Years(?)</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.) <u>Not applicable</u>						
20c. TIME OF INJURY Hour <u>          </u> Month, Day, Year a. m. <u>          </u> p. m. <u>          </u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Not applicable</u>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Moberly, Mo.</u>		COUNTY <u>          </u>		STATE <u>          </u>		
21. I attended the deceased from <u>Mar. 28, 1958</u> to <u>May 1, 1958</u> and last saw <u>him</u> alive on <u>April 30, 1958</u> . Death occurred at <u>12:35 A. M.</u> <input checked="" type="checkbox"/> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>E. K. McMurtry, M.D., Surgeon in Charge</u>				22b. ADDRESS <u>Wabash Employes' Hospital Moberly, Missouri</u>				22c. DATE SIGNED <u>5/1/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>May-3-1958</u>		<u>Sunset Memorial</u>		<u>Moberly, Mo.</u>			
24. FUNERAL DIRECTOR <u>Catholic General Home Moberly</u>				ADDRESS <u>          </u>		25. DATE RECD. BY LOCAL REG. <u>5-3-58</u>		26. REGISTRAR'S SIGNATURE <u>Paul W. Lacey</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1958

Signed *Jerry R. Carter* .....

Licensed Embalmer No. *4906*

P. O. Address *Moberly, Mo.*

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.