

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012816

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 101

Primary Registration District No.

Registrar's No. 29

300  
1-57

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		c. CITY OR TOWN Ava	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last Lloyd E. Reynolds			4. DATE OF DEATH Month Day Year Apr. 27, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1894	9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper, Carnation Company		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ava, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. A. G. Reynolds		13b. MOTHER'S MAIDEN NAME Leota Curnutt Reynolds		14. NAME OF HUSBAND OR WIFE Bessie Reynolds	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-05-2122		17. INFORMANT Address Mrs. Bessie Reynolds, Ava, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Ventricular Fibrillation</i> DUE TO (b) <i>Chronic myelocytosis</i> DUE TO (c) <i>433</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Acute Pericardial Effusion - acute Orchitis</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <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. Attended the deceased from 2-11-59 to 4-27-59 and last saw him alive on 4-27-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>M. C. Henry</i> (Degree or title) M.D.			22b. ADDRESS Ava Mo.		22c. DATE SIGNED 4-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-29-59	23c. NAME OF CEMETERY OR CREMATORY Ava		23d. LOCATION (City, town, or county) (State) Ava, Missouri
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24. FUNERAL DIRECTOR ADDRESS Linkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. May 1-59	26. REGISTRAR'S SIGNATURE <i>Vestal Bushman</i>		
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 19 1959

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 *Charles R. Fish* .....

Licensed Embalmer No. *4662* .....  
P. O. Address *Avon, 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.