MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1959

59-032781

STATE FILE NUMBER

Registration District No. 756 Primary Registration District No. 2001 Registrar's No. 451

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in Ib: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Carterville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 214 N. Fountain St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Pearl — Middle: — Last: Reynolds
4. DATE OF DEATH: Month: Sept. Day: 17, Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-29-07
9. AGE (last birthday): 51 — IF UNDER 1 YEAR: Months 10 Days 18 — IF UNDER 24 HR: 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): Prosperity, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jack Hayes
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: J.S. 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.:
17. INFORMANT: J.S. Reynolds — Address: 214 N. Fountain St. Carterville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinomatosis	3-27-56
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypernephroma of Left Kidney	3-27-56
DUE TO (c)		

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 a.m. 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: Joplin, COUNTY: Jasper, STATE: Missouri

21. I attended the deceased from 3-15-34, to 9-17-59 and last saw her alive on 9-17-59
Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. P. Kuhn Jr. (Degree or title) M.D.
22b. ADDRESS: Joplin, Mo.
22c. DATE SIGNED: 9-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-20-59
23c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
23d. LOCATION (City, town, or county) (State): Carterville, Mo.

24. FUNERAL DIRECTOR: Johnston-Arnce-Simpson Mortuary — ADDRESS: Webb City, Mo.
25. DATE RECD. BY LOCAL REG.: 9-25-1959
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb Ci

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