URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 8 1959

59-040718
STATE FILE NUMBER

AMENDED

Registration District No. 1163 Primary Registration District No. 0393 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTIN TWP. Length of stay in 1b 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROSE HILL NURSING HOME Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JEFF.
c. CITY OR TOWN CRYSTAL CITY Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 204 BAILEY, RD. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle JOSEPHINE Last REYNOLDS
4. DATE OF DEATH Month 12 Day 2 Year 59
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-2-1868
9. AGE (last birthday) 91
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and state or country) KOKOMO, IND.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME UNK. OSLER
13b. MOTHER'S MAIDEN NAME LUCINDA UNK.
14. NAME OF HUSBAND OR WIFE **
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 RAYMOND REYNOLDS Address CRYSTAL CITY, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 13 yrs. plu
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 COUNTY STATE

21. I attended the deceased from February 18, 1946, to December 2, 1959 and last saw her alive on December 1, 1959
Death occurred at 5:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE John T. Rutledge (Degree or title) M.D.
22b. ADDRESS Manns Bldg., Festus, Mo.
22c. DATE SIGNED 12-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-4-59
23c. NAME OF CEMETERY OR CREMATORY ROSELAWN GARDEN
23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR Finley R. Pellette ADDRESS Crystal City, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 4-1959
26. REGISTRAR'S SIGNATURE Marie Farris

(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

Signed Gertrude R. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal Cit

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