

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040864

FILED VS DEC 4 1959

STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 5678 Registrar's No. 42

ENDED

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eolia		c. CITY OR TOWN Eolia	
Length of stay in 1b Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MISE Eolia		d. STREET ADDRESS (If outside, give location) 3 MISE Eolia	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle THOMAS Last Reynolds			4. DATE OF DEATH Month Nov. Day 14 Year 1959		
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 18, 1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HR Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) Lincoln County	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Tom Reynolds	13b. MOTHER'S MAIDEN NAME Laura Mitchell	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Gallie Reynolds, Eolia, Mo	Address
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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) Cerebral Hemorrhage		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis -	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility -		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 10:00 s.m. 10:00 p.m. 10:00	Month, Day, Year 10-23-59
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20d. INJURY OCCURRED WHILE AT WORK <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 Eolia	COUNTY Lincoln	STATE Mo
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21. I attended the deceased from **Oct 23-59** to **Nov. 14-59** and last saw him alive on **Oct 23-59**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. M. Penn M.D.	(Degree or title)	22b. ADDRESS Siley - mo -	22c. DATE SIGNED 11-16-59
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23a. BURIAL, CREMATION, or OTHER (Specify) Burial	23b. DATE Nov. 16, 1959	23c. NAME OF CEMETERY OR CREMATORY MILLCREEK Cemetery	23d. LOCATION (City, town, or county) (State) Lincoln County, Mo
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24. FUNERAL DIRECTOR J. W. Putter - Bowling Green, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-17-1959	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kintz
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DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John D. Butler

Licensed Embalmer No. 4447
P. O. Address Bowling Green, 7

Note: The above ~~MUST~~ **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.