URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959

59-041371

STATE FILE NUMBER

MENDED

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond — Length of stay in 1b: 15 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 520 North Main — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ray
c. CITY OR TOWN: Richmond — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 520 North Main — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Last: Reynolds
4. DATE OF DEATH: Month December Day 5 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/30/1881
9. AGE (last birthday): 78 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Ray County, Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Daniel Reynolds
13b. MOTHER'S MAIDEN NAME: Margaret Wild
14. NAME OF HUSBAND OR WIFE: Irma Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 487-12-9923
17. INFORMANT: Mrs Irma Reynolds, Richmond, Mo. — Address

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): Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 3-21-1957, to 12-5-1959 and last saw him alive on 12-4-1959
Death occurred at 12:50 A M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Thomas B. Cook M.D. (Degree or title)
22b. ADDRESS: Richmond Missouri
22c. DATE SIGNED: 12-6-1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-7-59
23c. NAME OF CEMETERY OR CREMATORY: Hickory Grove
23d. LOCATION (City, town, or county) (State): Ray County, Missouri

24. FUNERAL DIRECTOR: Quest Lile Funeral Home, Richmond Missouri — ADDRESS: George D. Lile
25. DATE RECD. BY LOCAL REG.: 12-9-1959
26. REGISTRAR'S SIGNATURE: Mabel Jackson

(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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 4066

P. O. Address Richmond

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.