

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000550

FILED VS JAN 19 1960

Registration District No. 47

Primary Registration District No. 5164

Registrar's No. 97

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Twp.		Length of stay in 1b 1 Wk	c. CITY OR TOWN Route 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Modern Acres N. H.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Fulton, Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary Bessie Reynolds			4. DATE OF DEATH Month Jan. Day 13, Year 1960			
5. SEX Female	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 11-17-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days 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 Housework	11. BIRTHPLACE (City and state or country) Merger Co. Ill.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Wallace Garmer		13b. MOTHER'S MAIDEN NAME Eliza Minter		14. NAME OF HUSBAND OR WIFE Raphael 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. None	17. INFORMANT Raphael Reynolds, r⁴, Fulton, 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) Cerebro Vascular Accident					INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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. I attended the deceased from DEC. 1959 to JAN 5, 1960 and last saw her alive on JAN 4, 1960 Death occurred at 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE James E. Hill (Degree or title) MD			22b. ADDRESS Fulton Mo		22c. DATE SIGNED 1-14-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-15, 1960	23c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Gdns.	23d. LOCATION (City, town, or county) (State) Callaway Co. Mo.			
24. FUNERAL DIRECTOR Morgan Funeral Home, Fulton, Mo.		25. DATE RECD. BY LOCAL REG. Jan-15-1960	26. REGISTRAR'S SIGNATURE Maretta Lawrence			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 471

P. O. Address Fulton

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