

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005260

FILED VS. MAR 7 1960 042

Primary Registration District No. 1000

Registrar's No. 246

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b unknown		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3040 Lafayette			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3040 Lafayette		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle WARDER Last REYNOLDS				4. DATE OF DEATH Month February Day 20, Year 1960				
5. SEX male	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 4/25/1881	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) Ret. Police Officer			10b. KIND OF BUSINESS OR INDUSTRY Police Dept.		11. BIRTHPLACE (City and state or country) Plattsburg, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James E. Reynolds			13b. MOTHER'S MAIDEN NAME Mary Parvin			14. NAME OF HUSBAND OR WIFE Sciota 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. unknown		17. INFORMANT Address Mrs. Sciota Reynolds, 3040 Lafayette, 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) Natural Causes - Unattended Death Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Investigated by City Health Dept 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 _____ a.m. _____ p.m. Month, Day, Year _____	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		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:00 noon on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Robert W. Kieber, M.D.					22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 2-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2/24/1960	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State) Plattsburg, Missouri			
24. FUNERAL DIRECTOR Heston-Bowman			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 26, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DOCUMENT

MEDICAL CERTIFICATION
R. W. Kieber, M.D.

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph

Note: The above 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.