URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960

60-007587

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 28

NDED

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rolla — Length of stay in 1b: 8 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 914 West 10th. st. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: Rolla — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 914 West 10th. st. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: BURTON Middle: M Last: REYNOLDS
4. DATE OF DEATH: Month February Day 8 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-22-98
9. AGE (last birthday): 61 — 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): Chief of Mineing Researsh
10b. KIND OF BUSINESS OR INDUSTRY: US Bureau of Mines
11. BIRTHPLACE (City and state or country): Toledo, Ohio
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Julius B. Reynolds
13b. MOTHER'S MAIDEN NAME: Ida L. Fraser
14. NAME OF HUSBAND OR WIFE: Vida Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 526 05 3580
17. INFORMANT: Vida Reynolds Address: Rolla, 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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
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 2-15-48 to 2/8/60 and last saw her/him alive on 2/8/60
Death occurred at 5:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) DO
22b. ADDRESS: Rolla Mo
22c. DATE SIGNED: 2/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-10-1960
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Garden
23d. LOCATION (City, town, or county) (State): Rolla, Mo.

24. FUNERAL DIRECTOR ADDRESS: Carl J. Glenn West 10th., Rolla, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 9, 1960
26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

FEB 2 4 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____ me _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Carl J. Glenn
Signature of Student Embalmer

Licensed Embalmer No. 470

P. O. Address Rolla, M

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