

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-009791

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Length of stay in 1b 22 days		c. CITY OR TOWN Pierce City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elsie's nursing home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Myrtle street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Amos Middle Jarman Last Reynolds				4. DATE OF DEATH Month 3 Day 14 Year 1960				
5. SEX M	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-18-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pea Ridge Ark.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Joseph P. Reynolds			13b. MOTHER'S MAIDEN NAME Margarete Patton		14. NAME OF HUSBAND OR WIFE Rachel M. 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. 522-32-1864		17. INFORMANT Address Mrs. Richard Cummins Pierce City				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>congestive failure</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 3 months		
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 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 <u>10-6-59</u> to <u>3-14-60</u> and last saw her/him alive on <u>3-13-60</u> Death occurred at <u>1:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deputy or title) <i>Frank Kern M.D.</i>			22b. ADDRESS <i>Monett Mo</i>			22c. DATE SIGNED <i>3-16-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-17-1960	23c. NAME OF CEMETERY OR CREMATORY Cleer Creek		23d. LOCATION (City, town, or county) (State) Newton County Mo.				
24. FUNERAL DIRECTOR ADDRESS Wilks Bros. Pierce City Mo.			25. DATE RECD. BY LOCAL REG. 3-17-60	26. REGISTRAR'S SIGNATURE <i>ma P.N. Cook</i>				

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 Edwin Wilks, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131
P. O. Address Pierce City, Mo.

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.