JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010609

STATE FILE NUMBER

NDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 374

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 901 N. Grant
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JAMES Middle: CLIFFORD Last: REYNOLDS

4. DATE OF DEATH: Month: March Day: 29, Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 21 Feb. 1900

9. AGE (last birthday): 60
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): Retail Groceryman

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: J.S. Reynolds

13b. MOTHER'S MAIDEN NAME: Woods

14. NAME OF HUSBAND OR WIFE: Pearl Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 497-24-7111

17. INFORMANT: (Son) Wilbur Reynolds Address: Spgfd.Mo. 2725 Wallis Smith

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	30 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary occlusion	"
DUE TO (c)	Arteriosclerotic Vascular disease	unknown

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: Springfield COUNTY: Greene STATE: Mo.

21. I attended the deceased from Mar 31, '55, to 3/29/60 and last saw her/him alive on 3/29/60

Death occurred at 10:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.

22b. ADDRESS: 609 Cherry Springfield, Missouri

22c. DATE SIGNED: 3-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 2, 1960

23c. NAME OF CEMETERY OR CREMATORY: White Chapel Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Klingner Mortuary ADDRESS: Springfield, Mo.

25. DATE RECD. BY LOCAL REG.: 3-31-60

26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER APR 7 1960

APR 8 1960

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4071

P. O. Address _____

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