URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 27 1960

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STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto
Length of stay in 1b 22 Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 318 E. Kelley St.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jefferson
c. CITY OR TOWN DeSoto
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 318 E. Kelly St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mary Middle Emily Last Reynolds
4. DATE OF DEATH Month April Day 18 Year 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5/12/65
9. AGE (last birthday) 94
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Washington Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Willis Beavers
13b. MOTHER'S MAIDEN NAME Mary Octavia Boyer
14. NAME OF HUSBAND OR WIFE Steve Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Nettie Gowan Address DeSoto, 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) Arteriosclerotic heart disease, angina pectoris — INTERVAL BETWEEN ONSET AND DEATH 6 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis of coronary arteries. — 6 years +
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 1954, to April 18, 1960 and last saw her alive on April 16, 1960
Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas A. Donnell (Degree or title) MD.
22b. ADDRESS DeSoto, Mo.
22c. DATE SIGNED 4-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/21/60
23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) DeSoto (State) Mo.

24. FUNERAL DIRECTOR J. Lee Mothershead ADDRESS DeSoto, Mo.
25. DATE RECD. BY LOCAL REG. April 18-1960
26. REGISTRAR'S SIGNATURE Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

ENDED

DOCUMENT

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 J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, M

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