

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS AUG 8 1960

128

Primary Registration District No.

Registrar's No.

821

-60-026579

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Taylor Township		Length of stay in 1b		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION James River Bridge			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2142 College		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last BETTY JEAN REYNOLDS				4. DATE OF DEATH Month Day Year July 30, 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 2/11/37		9. AGE (last birthday) 23		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and state or country) Springfield, Mo.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Elvis Morlen				13b. MOTHER'S MAIDEN NAME Mae Vanderpool				14. NAME OF HUSBAND OR WIFE Edward Joe 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 Elvis Morlen, Rogersville, Mo. Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing head and chest injuries										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)			
										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 checked="" 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 checked="" 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.) One car accident. She was crushed by the auto when it went down a deep cut beside the county road 5 miles west of Springfield at James River Bridge									
20c. TIME OF INJURY Hour a.m. p.m. 11:30		Month, Day, Year 7/30/60		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.) Highway (County)		20f. CITY, TOWN, OR LOCATION Greene, Missouri		COUNTY STATE			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Elvis Morlen</i> (Degree or title) Greene County Coroner				22b. ADDRESS Springfield, Missouri				22c. DATE SIGNED 8/2/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/3/60		23c. NAME OF CEMETERY OR CREMATORY Brookline Cemetary				23d. LOCATION (City, town, or county) (State) Brookline, Missouri					
24. FUNERAL DIRECTOR Ayre-Goodwin				ADDRESS Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 8-3-60		26. REGISTRAR'S SIGNATURE <i>Effie B. Mecton</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene Hunter

Licensed Embalmer No. 473

P. O. Address Jeff, Mo

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