

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041449

FILED VS DEC 12 1960

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3017

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cooper		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		a. STATE Missouri		b. COUNTY Cooper	
Length of stay in 1b All of life		c. CITY OR TOWN Boonville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R.1	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R.1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Emmet		Middle B		Last Reynolds.		Month Day Year November 29, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1883	9. AGE (last birthday) 77	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sam Reynolds.			13b. MOTHER'S MAIDEN NAME Sarah Brookshire.		14. NAME OF HUSBAND OR WIFE Nettie Erhardt 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. 489-42-6415		17. INFORMANT Address Mrs. Emmet B. Reynolds, Boonville, Mo.			
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) Multiple Perforation Colon							
DUE TO (b) Ulcerative Colitis Acute							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerotic Heart Disease						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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Nov. 5, 1960 to Nov. 29, 1960 and last saw ^{her} him alive on Nov. 29, 1960 Death occurred at Ten O'clock P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. T. Humphreys MD				22b. ADDRESS Boonville, Mo		22c. DATE SIGNED Dec. 2, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 2ⁿ 1960		23c. NAME OF CEMETERY OR CREMATORY Walnut Grove		23d. LOCATION (City, town, or county) (State) Boonville, Mo.	
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 12/3/60		26. REGISTRAR'S SIGNATURE D. Hooper	

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville,

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.