

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044823

LED VS DEC 9 1960

Registration District No. **333**

Primary Registration District No. **307A**

Registrar's No. **282**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SCOTT									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b		c. CITY OR TOWN SIKESTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO DELTA COMM HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 237 E. GLADYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First OSCAR Middle VERNE Last M. REYNOLDS				4. DATE OF DEATH Month 11 Day 30 Year 60									
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 2-9-1890		9. AGE (last birthday) 70		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) FARMING				10b. KIND OF BUSINESS OR INDUSTRY FARMING				11. BIRTHPLACE (City and state or country) AURORA NEBR.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME ELMER M. REYNOLDS				13b. MOTHER'S MAIDEN NAME ELIZABETH FEHL				14. NAME OF HUSBAND OR WIFE NELL					
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.				17. INFORMANT Address Mrs. O. V. McReynolds - Sikeston Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH 30 minutes			
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 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											
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 Dec 1956 to _____ and last saw him alive on Nov-30 1960 Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) B. L. McMillin M.D.				22b. ADDRESS 227 W Gladys Street				22c. DATE SIGNED 12-1-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-2-60		23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES				23d. LOCATION (City, town, or county) (State) SIKESTON MO					
24. FUNERAL DIRECTOR ADDRESS Weld Funeral Home - Sikeston Mo				25. DATE RECD. BY LOCAL REG. 12-2-60		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0361 6 030
DEC 9 1950

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

Raymond Greer

Licensed Embalmer No. 3467

P. O. Address

Sikeston Mo

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