

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045812

FILED VS DEC 28 1960

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 216 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton Twp.</u>		c. CITY OR TOWN <u>Trenton</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Plainview Rest Home</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>12 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>ADDIE</u> Middle <u>McREYNOLDS</u> Last <u>McREYNOLDS</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>22</u> Year <u>1960</u>			
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-6-1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>	11. BIRTHPLACE (City and state or country) <u>Pavanna Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John Henry Dwyer</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Edison</u>	14. NAME OF HUSBAND OR WIFE <u>James Edward</u> deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Eugene Mc Reynolds</u> Address <u>714 W. 19th St. Trenton, Mo.</u>
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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 <u>12 hrs.</u>
IMMEDIATE CAUSE (a) <u>congestive Cardiac Disease</u>		
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>arteriosclerosis -</u> DUE TO (c) <u>diabetes</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Buerger's disease which required amputation</u>	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>both lower & femoral upper third of thigh - done some 2 to 5 yrs ago - in store</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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 Sept-1960 to 12-22-60 and last saw her alive on 12-21-60
Death occurred at 5 am 12-22-60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. A. F. FUSON MD</u>	22b. ADDRESS <u>105-2100 Trenton Mo</u>	22c. DATE SIGNED <u>12-22-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 23-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wissner</u>	23d. LOCATION (City, town, or county) (State) <u>Pavanna Mo</u>
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24. FUNERAL DIRECTOR <u>J. Gordon Blackmore</u> ADDRESS <u>Trenton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-23-60</u>	26. REGISTRAR'S SIGNATURE <u>Dorene Fair</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 1960

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

Jordan Blackman

Licensed Embalmer No. 4602

P. O. Address Trenton, N.J.

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