

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016585

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 543 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

FILED JUN 5 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 5476 So. 22nd St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Forrest Middle L. Last Reynolds 4. DATE OF DEATH Month May Day 25 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH May 28, 1880 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired candy maker 10b. KIND OF BUSINESS OR INDUSTRY Chase Candy Co 11. BIRTHPLACE (City and state or country) Agency, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Guy Reynolds 13b. MOTHER'S MAIDEN NAME Rebecca Wilson 14. NAME OF HUSBAND OR WIFE Luda B. Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT James W. Reynolds Address 5476 S. 22nd St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular renal disease & terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) uremia
DUE TO (c) coronary insufficiency
INTERVAL BETWEEN ONSET AND DEATH 1 wk

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 5-8-61 to 5-25-61 and last saw him alive on 5-25-61
Death occurred at 2:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 316 No 10th St Joseph Mo 22c. DATE SIGNED 5-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 27, 1961 23c. NAME OF CEMETERY OR CREMATORY Agency Cemetery 23d. LOCATION (City, town, or county) Agency, Missouri (State)

24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. May 31, 1961 26. REGISTRAR'S SIGNATURE [Signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Earl Clark*

Licensed Embalmer No. 4238

P. O. Address *St. Joseph*

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