MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-001446
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 18

FILED FEB 13 1962

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Arcadia
Length of stay in 1b: 9mo.16da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: The Home for Aged Baptists
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Emma Middle Lee Last Reynolds
4. DATE OF DEATH: Month Jan. Day 31, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/2/1883
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months 10 Days 29
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Mill Town, Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Elias Franklin
13b. MOTHER'S MAIDEN NAME: Susan Kemp
14. NAME OF HUSBAND OR WIFE: William F. Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Dolores Weiss Address: Ironton, Mo.

MEDICAL CERTIFICATION

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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerotic heart disease — 2 years
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 April 15, 1961, to Jan. 31, 1962 and last saw her/him alive on Jan. 29, 1962
Death occurred at 6:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marvin C. Meyers MD (Degree or title)
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 2-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2-2-62
23c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
23d. LOCATION (City, town, or county) (State): Ironton, Mo.

24. FUNERAL DIRECTOR: Lucil J. White ADDRESS: White Funeral Home, Ironton Mo.
25. DATE RECD. BY LOCAL REG.: 2-2-62
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

AMENDED

FEB 15 1962

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_____ Signed Ancel J. White

Signature of Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Bronton, Mo.

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.