

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027711

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 4278 Registrar's No. 17

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1962

<p>1. PLACE OF DEATH</p> <p>a. COUNTY Lawrence</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller, Mo. Length of stay in lb 9 mos.</p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Lawrence</p> <p>c. CITY OR TOWN Stotts City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Wilber Rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					
<p>3. NAME OF DECEASED First Emma Middle Alice Last Reynolds</p>		<p>4. DATE OF DEATH Month August Day 6 Year 1962</p>					
<p>5. SEX female</p>	<p>6. COLOR OR RACE white</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 5/24/1876</p>	<p>9. AGE (last birthday) 86</p>	<p>IF UNDER 1 YEAR Months — Days — Hours — Min. —</p>	<p>IF UNDER 24 HR Months — Days — Hours — Min. —</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife, retired rural mail carrier</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY housewife, retired rural mail carrier</p>		<p>11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo.</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME W.J. Brown</p>		<p>13b. MOTHER'S MAIDEN NAME Martha I. Jennings</p>		<p>14. NAME OF HUSBAND OR WIFE Fred Reynolds, Dec'd</p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>		<p>16. SOCIAL SECURITY NO. None</p>		<p>17. INFORMANT Mrs. William Lee, Miller, Mo. Address</p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Carcinomatosis</p> <p style="text-align: center;">DUE TO (b) Ca of Breast - left</p> <p style="text-align: center;">DUE TO (c) —</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>						<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour — a.m. — p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 12/7/61 4:00 AM and last saw her 8/5/62 alive on 8/5/62</p> <p>Death occurred at — on the date stated above, and to the best of my knowledge, from the causes stated.</p>		<p>22a. SIGNATURE (Degree or title) Geo. H. Hubler, M.D.</p>		<p>22b. ADDRESS Mt Vernon Mo.</p>		<p>22c. DATE SIGNED 8/6/62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) burial</p>		<p>23b. DATE 8/9/1962</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery</p>		<p>23d. LOCATION (City, town, or county) (State) Mt. Vernon, Mo.</p>	
<p>24. FUNERAL DIRECTOR ADDRESS Max L. Fossett, Mt. Vernon, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. 8-8-62</p>		<p>26. REGISTRAR'S SIGNATURE W. S. Bunn</p>			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300 Rev. 4/59

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SEP 7 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 _____
Signature of Student Embalmer

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address W. Vernon, 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.