

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029086

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7477** STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ **FILED** **AUG 6 1962**  
 a. COUNTY **City of St. Louis, Mo.**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Illinois** b. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **City of St. Louis Mo.** Length of stay in 1b **3 weeks**

c. CITY OR TOWN **Roodhouse** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Missouri Pac. Hosp.** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **214 E. Clay St.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last **Orus Franklin Reynolds** 4. DATE OF DEATH Month Day Year **July 28, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **May 6, 1895** 9. AGE (last birthday) **67** 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) **Conductor** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and state or country) **Stanford Ky** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Palestine Reynolds** 13b. MOTHER'S MAIDEN NAME **Belle Mercer** 14. NAME OF HUSBAND OR WIFE **Muriel Reynolds**

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. [redacted] 17. INFORMANT **George B. Reynolds** Address **Roodhouse Ill**

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Multiple Myeloma** 203XF  
 DUE TO (b) **Metastases to thoracic vertebrae, skull**  
 DUE TO (c) **Branch Bundle heart block**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Pathological Fracture 12th. thoracic Vertebra.** INTERVAL BETWEEN ONSET AND DEATH **1-25-61**

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.) **Fall at Home**

20c. TIME OF INJURY Hour a.m. p.m. **7-5-62** **Roodhouse, Ill.**

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.) **Home** 20f. CITY, TOWN, OR LOCATION **Roodhouse, Illinois.** COUNTY **Illinois** STATE **Illinois**

21. I attended the deceased from **July 25, 1962** to **July 28, 1962** and last saw her alive on **July 28, 1962**  
 Death occurred at **9:35 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Joseph A. Lembeck M.D.** (degree or title) 22b. ADDRESS **1755 S. Grand Blvd. St. Louis, Mo** 22c. DATE SIGNED **7-28-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-31-62** 23c. NAME OF CEMETERY OR CREMATORY **Local** 23d. LOCATION (City, town, or county) **Stanford Ky** (State)

24. FUNERAL DIRECTOR **Mackey Roodhouse Ill** ADDRESS **Roodhouse Ill** 25. DATE REC'D. BY LOCAL REG. **JUL 30 1962** 26. REGISTRAR'S SIGNATURE **Roan Smith M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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, \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Meile R Mackey

Licensed Embalmer No. 5702

P. O. Address Boothouse Hill

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.