

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042074

STATE FILE NUMBER

Registration District No. 477 Primary Registration District No. 3016 Registrar's No. 450

FILED NOV 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0269  
2 0140  
3  
4 2  
5 2  
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7 0  
8 2  
9 X  
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11 014  
12 2-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Callaway</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Length of stay in lb <u>1 week</u>		c. CITY OR TOWN <u>New Bloomfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>Reynolds</u> Last <u>Reynolds</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 1924</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>	11. BIRTHPLACE (City and state or country) <u>Callaway Co. Mo</u>
13a. FATHER'S NAME <u>Richard H. Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Thornton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>A. John Reynolds</u> Address <u>New Bloomfield</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>
14. NAME OF HUSBAND OR WIFE			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Concussion of Brain</u> DUE TO (b) <u>also Lacerations of Braining of skull</u> DUE TO (c) <u>also fractured Left ribs</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>auto accident</u>	
20c. TIME OF INJURY Hour <u>5:45</u> p.m. Month, Day, Year <u>11 8 62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>high way (mile) south of New Bloomfield Callaway Mo</u>	
20f. CITY, TOWN, OR LOCATION <u>Callaway Mo</u> COUNTY <u>Callaway</u> STATE <u>MO</u>			
21. I attended the deceased from <u>11/8/62</u> to <u>11/15/62</u> and last saw him alive on <u>11/15/62</u> Death occurred at <u>12:20</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm. H. Miller M.D.</u>		22b. ADDRESS <u>Jeff. City Mo</u>	
22c. DATE SIGNED <u>11/16/62</u>		23. NAME OF CEMETERY OR CREMATORY <u>Jefferson City Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-17-62</u>	
23c. ADDRESS <u>Mt. Vernon Cem</u>		23d. LOCAL REG. OFFICE <u>Jefferson City Mo</u>	
24. FUNERAL DIRECTOR <u>Claypool Ser. New Bloomfield</u>		25. DATE RECD. BY LOCAL REG. <u>20 November 1962</u>	
26. REGISTRAR'S SIGNATURE <u>R.D. Orrick - Richter, Dep.</u>			

NOV 9 1962

6-6406

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 LeRoy Clayton

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.