No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. 19850

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3186 Registrar's No. 316

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural RandolTownship
c. LENGTH OF STAY (in this place): 84yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R#1 Cape Girardeau Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missiuri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Near Oriole Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0100
e. STREET ADDRESS (If rural, give location): R# 1 northwest of Cape Girardeau

3. NAME OF DECEASED (Type or Print): a. (First) Dora b. (Middle) May c. (Last) Reynolds

4. DATE OF DEATH (Month) (Day) (Year): June, 17, 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec, 31, 1871

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Neelyslanding Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert H Abernathy

13b. MOTHER'S MAIDEN NAME: Nancy Gohn

14. NAME OF HUSBAND OR WIFE: Robert E Reynolds Deac,

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.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Rubin L Reynolds R#1 Cape Gir,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Arteriosclerosis 4201

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Cirsilip, 1956, *to* June 17, 1956, *that I last saw the deceased alive on* June 17, 1956, *and that death occurred at* 12:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O G Mullen MD

23b. ADDRESS: Bend Rd Cape Girardeau Mo

23c. DATE SIGNED: 6/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/19/56

24c. NAME OF CEMETERY OR CREMATORY: Iona Cemt

24d. LOCATION (City, town, or county) (State): Near Oriole Mo.

DATE REC'D BY LOCAL REG. 6-20-56

REGISTRAR'S SIGNATURE: Elizabeth Summers Dep

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

44-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...L. L. Hanson.....

Licensed Embalmer No.....286

P. O. Address Cape Girarde

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