

No. 300
10.48

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **959**
Registrar's No. **N-A**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) BUFFALO	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Maudie , b. (Middle) Ethel , c. (Last) Reeves			4. DATE OF DEATH (Month) (Day) (Year) Jan 25-1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JULY 11-1899	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 6 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House W, Fe		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Isaac Wilson		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John L. Reeves		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME John L. Reeves		ADDRESS Buffalo Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute obstructive Hepatitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) obstruction common duct		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		4 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? U

22. I hereby certify that I attended the deceased from **Jun 13, 1948** to **Jun 25, 1949**, that I last saw the deceased alive on **Jun 25, 1949**, and that death occurred at **12:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred R. Farthing M.D.	23b. ADDRESS Med Dept Bldg Spfld, Mo	23c. DATE SIGNED 1/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-27-1949	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) Buffalo Mo
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DATE REC'D BY LOCAL REG. 2-1-49	REGISTRAR'S SIGNATURE W. J. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Montgomery Vaughan	ADDRESS Buffalo Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed *Blyde Montgomery*.....

Licensed Embalmer No. *3592*.....

P. O. Address *Buffalo, 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 this body is not embalmed, fact should be so stated above.