

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15704

BIRTH NO. 28187-49 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck		94
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			d. STREET ADDRESS 1		
3. NAME OF DECEASED (Type or Print) a. (First) Infant			b. (Middle) Reeves	c. (Last) 1	4. DATE OF DEATH (Month) (Day) (Year) April 29 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) single	8. DATE OF BIRTH April 28 1949	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0
IF UNDER 1 YEAR Days 1	IF UNDER 24 HRS. Hours 1	IF UNDER 15 MIN. Min. 1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ironton Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Cornelius Reeves		13b. MOTHER'S MAIDEN NAME Georgia King		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT'S SIGNATURE OR NAME Cornelius Reeves		
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) Immaturity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity - 7 mos. gestation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 day
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 28 1949 , to April 29, 1949 , that I last saw the deceased alive on April 29, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Bruce Bull		(Degree or title) W.D. (D)	23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 5-5-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-1-49	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Bismarck Mo.		
DATE REC'D BY LOCAL REG. May 10, 1949	REGISTRAR'S SIGNATURE Ma. Aris Jones	128	25. FUNERAL DIRECTOR'S SIGNATURE P. S. White		
			ADDRESS White Funeral Home Ironton Missouri		

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

RECEIVED

Health Officer No. 4

File Number 549-671

Filed 5-16-49

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 _____
Student Embalmer

Signed Israel J. White

Licensed Embalmer No. 3412

P. O. Address Dorset, N.H.

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.