

FILED JUN 9 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18308

State File No.

BIRTH NO.		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>6115</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON RURAL</u>		c. LENGTH OF STAY (If in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston - Rural</u>		d. STREET ADDRESS (If rural, give location) <u>R 1 Sikeston Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>REEVES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1949</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 7 - 1867</u>			
9. AGE (In years less birthday) <u>81</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years less birthday) <u>81</u>			
11. BIRTHPLACE (State or foreign country) <u>Worce Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gregory</u>			
14. NAME OF HUSBAND OR WIFE <u>Samuel Reeves</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Reeves</u> ADDRESS <u>Sikeston, Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture femur</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>47220</u> <u>5 days</u>	
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) <u>accident at home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richland Township Scott Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on floor at home</u>					
22. I hereby certify that I attended the deceased from <u>5-19</u> , 18 <u>67</u> , to <u>5-24</u> , 18 <u>69</u> , that I last saw the deceased alive on <u>5-21</u> , 19 <u>49</u> , and that death occurred at <u>7 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. H. H. Hunter</u>				23b. ADDRESS <u>Sikeston Mo</u>		23c. DATE SIGNED <u>5-31-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beulah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Worce Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 2-49</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Hunter</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Wm. S. Marshall</u>		ADDRESS <u>Worce, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 649-63

Date Filed 6-6-4

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.....

me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Tris J. Marshall*.....

Licensed Embalmer No. 4601

P. O. Address *Greenleaf, Wis.*

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.