

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29544

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 307
1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ill. b. COUNTY alexander		
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cairo, Ill.		
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) R.R.#1		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic				
3. NAME OF DECEASED (Type or Print) JETTA		a. (First) b. (Middle) c. (Last) REEVES		4. DATE OF DEATH (Month) (Day) (Year) Sept 8 1949
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct 24-1905	9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Weyatt Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Phiech Rothschel		13b. MOTHER'S MAIDEN NAME Bertha D. Dyer	14. NAME OF HUSBAND OR WIFE Jesse Reeves	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME (Charles Rothschel) ADDRESS 484-11th Cairo Ill	
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) Surgical Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abdominal Surgery DUE TO (c) Fibroid Uterus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 214X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Abdomen opened only surgery completed		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 9/3/49, 1949, to 9/7/49, 1949, that I last saw the deceased alive on 9/7/49, 1949, and that death occurred at 10:15 a.m., from the causes and on the date stated above.				
23a. SIGNATURE M. Newell D.O.		23b. ADDRESS 105 S. Spanish Cape Girardeau		23c. DATE SIGNED Sept. 14, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 10-49	24c. NAME OF CEMETERY OR CREMATORY Thistlewood	24d. LOCATION (City, town, or county) (State) Mounds Ill
DATE REC'D BY LOCAL REG. 9-14-1949		REGISTRAR'S SIGNATURE 44 C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank A. Karcher Cairo Ill

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

RECEIVED

9 19-47

Health Officer No. 4

949-12

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, ~~as~~ by

Frank A Karcher

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank A Karcher

Licensed Embalmer No. 2103

P. O. Address Cairo, Ill

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.