

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7209

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Subston</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Canaleu</u> <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delte Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JESSIE</u>	b. (Middle) _____	c. (Last) <u>REEVES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 27, 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cotton Gin</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Gin</u>	11. BIRTHPLACE (State or foreign country) <u>Cleveland, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ephram Reeves</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Young</u>	14. NAME OF HUSBAND OR WIFE <u>Ettie Reeves</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ettie Reeves, Canaleu, Mo.</u>	ADDRESS _____
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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 <u>4 days</u> <u>69160</u> <u>16</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1st & 2nd degree Burns - Extensive</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Canaleu 0720 New Madrid Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 - 4 - 51 4:00 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>House Burned</u>
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22. I hereby certify that I attended the deceased from 4 - Feb 1951, to 7 - Feb 1951, that I last saw the deceased alive on 7 - Feb 1951, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. S. Proffitt M.D.</u>	23b. ADDRESS <u>Subston, Mo</u>	23c. DATE SIGNED <u>17 - Feb - 51</u>
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24a. BURIAL - CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>Feb 9 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Delte Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Delte, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 20 - 51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u>	ADDRESS <u>Subston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48003
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RECEIVED FEB 26 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 251-59

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 William G. Tarkett

Licensed Embalmer No. 4661

P. O. Address Shelton, 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.