

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32337

State File No. _____

FILED OCT 8 1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 158

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION 504 N. Main St.		d. STREET ADDRESS (If rural, give location) 504 N. Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) Ellis b. (Middle) Ernest c. (Last) Reavis			4. DATE OF DEATH (Month) (Day) (Year) Sept-23-1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct-17-1911	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Mins. 39
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Army Store	11. BIRTHPLACE (State or foreign country) Severy, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John K. Reavis	13b. MOTHER'S MAIDEN NAME Addie Nichols	14. NAME OF HUSBAND OR WIFE Velda Reavis
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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) Yes W.W.II	16. SOCIAL SECURITY NO. W.W.II	17. INFORMANT'S SIGNATURE OR NAME Velda Reavis	ADDRESS 504 N. Main Nevada
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201		INTERVAL BETWEEN ONSET AND DEATH 7 days
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute alcoholism		2 weeks

19a. DATE OF OPERATION: <input checked="" type="checkbox"/>	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)	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) (Min.)	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 **2-20**, 1950, to **9-23**, 1951, that I last saw the deceased alive on **9-21**, 1951, and that death occurred at **4 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE F. J. Martin	(Degree or title) M.D.	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 9-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Fort Scott, National	24d. LOCATION (City, town, or county) (State) Fort Scott, Kansas.
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DATE RECD BY LOCAL REF. 9-25-1951	REGISTRAR'S SIGNATURE Anna E. Ferris	451	25. FUNERAL DIRECTOR'S SIGNATURE Earl's Memorial Home, Ft. Scott, Ks.	ADDRESS
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 1 1951

Dist. File 10-27-1951

Date Filed 10-6-51

NOV 26 1952

DEC 1 1952

OCT 9 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *W. B. Kennedy*
Licensed Embalmer No. 2080

Signed.....
Student Embalmer

P. O. Address Box #283 Fort. Scott, K

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.