

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37750

State File No. \_\_\_\_\_

LED DEC 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 163

# 3480  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Rural, Prairie</b>		c. LENGTH OF STAY (in this place) <b>20 Hrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Lee's Summit, Missouri</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson Co. Emergency Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>Cemetery Road</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eva</b>		b. (Middle) <b>Reeves</b>		c. (Last) <b>Reeves</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 13 1951</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 4, 1872</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Poseyville, Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Benjamin K. Gwaltney</b>	13b. MOTHER'S MAIDEN NAME <b>Sada Williams</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fannie Vestal,</b>	ADDRESS <b>Lee's Summit, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>22 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Reformation of Gall Bladder</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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-11**, 19**51**, to **11-13**, 19**51**, that I last saw the deceased alive on **11-13**, 19**51**, and that death occurred at **2:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Christ Miller MD</b>	23b. ADDRESS <b>Lee's Summit Mo.</b>	23c. DATE SIGNED <b>11-13-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-15-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-15-51</b>	REGISTRAR'S SIGNATURE <b>Donald C. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Bradford Lee's Summit Mo.</b>	ADDRESS
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**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.

Signed \_\_\_\_\_

*W B Langford*

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Mo.

Signed \_\_\_\_\_  
Student Embalmer

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.