

5. No. 300
V. 10.48

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38563

1890
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twp.</u> c. LENGTH OF STAY (in this place) <u>23 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Township</u> <u>0590</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 miles N.W. Richmond, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #5</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u>	b. (Middle) <u>FRANCES</u>	c. (Last) <u>REAVIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 23, 1893</u>
9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>8</u>	11. DAYS <u>5</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 _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Kelley Jackson</u>	
13b. MOTHER'S MAIDEN NAME <u>Daisy Owen</u>		14. NAME OF HUSBAND OR WIFE <u>Hearl C. Reavis</u>	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Hearl C. Reavis, Richmond, Mo.</u>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</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) <u>Bronchial asthma</u> ? 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"/>		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) <u>241X</u>	
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 <u>Nov 27, 1951</u> to <u>Nov 28, 1951</u> , that I last saw the deceased alive on <u>Nov 28, 1951</u> , and that death occurred at <u>3 a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>E. E. Gay MD</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u> ADDRESS <u>Richmond, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 1-1951</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.