

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **40763**

No. 300
10-48
FILED JAN 7 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1339**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Buchanan	0117	a. STATE Mo.	b. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.	c. LENGTH OF STAY (in this place) 14 35 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo	0117
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		d. STREET ADDRESS (If rural, give location) 1313 No. 10	0

3. NAME OF DECEASED (Type or Print)	a. (First) Jesse	b. (Middle) : James	c. (Last) Reeves	4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1951
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed - 1	8. DATE OF BIRTH 6/9/81	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months _____ Days _____	11. 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) Transfer employee - Trucking	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Reeves	13b. MOTHER'S MAIDEN NAME Flora Slaughter	14. NAME OF HUSBAND OR WIFE ?
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-10-8216	17. INFORMANT'S SIGNATURE OR NAME Blanche LaTour, St. Joseph, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism			6 to 8 hrs.
ANTECEDENT CAUSES	II. OTHER SIGNIFICANT CONDITIONS		3 days
Due to (b) Thrombo Phlebotis	Conditions contributing to the death but not related to the disease or condition causing death.		
Due to (c)	E9030		
	20		

19a. DATE OF OPERATION 12-5-51	19b. MAJOR FINDINGS OF OPERATION Open reduction with nailing of left hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) St. Joseph, Buchanan, Missouri	(COUNTY) Buchanan	(STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 30 51 7a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Patient slipped on floor		

22. I hereby certify that I attended the deceased from 12-1, 1951, to 12-8, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 6 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Quill</i>	23b. ADDRESS Kirkpatrick Building St. Joseph, Missouri	23c. DATE SIGNED 12-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 10/51	24c. NAME OF CEMETERY OR CREMATORY. Ashland Ceme.	24d. LOCATION (City, town, or county) (State) St. Joseph Mo.
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DATE REC'D BY LOCAL REG. Dec 31, 1951	REGISTRAR'S SIGNATURE <i>Carl C. Castle</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Victor Barry Sr</i>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.