

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 76

0043

FILED JAN 23 1952

BIRTH NO. 72900-251 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>6 Wks.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		d. STREET ADDRESS (If rural, give location) <u>721 Baker St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>721 Baker St.</u>		d. STREET ADDRESS (If rural, give location) <u>721 Baker St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>ANN</u> c. (Last) <u>REEVES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>OCT. 6 1951</u>
9. AGE (In years last birthday) <u>3</u> Months <u>7</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Pike County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harold R. Reeves</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Pleasant</u>	
14. NAME OF HUSBAND OR WIFE		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold R. Reeves, Mexico, Mo.</u>	
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) <u>Coronary Case. Was found in situ</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cut at front head. All evidence shown that the deceased strangled on milk can or bottle. Accidental. No evidence of violence or foul play. No jury.</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>Evidence of strangulation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>In situ</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>January 13 - 52 28</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Strangulation on milk bottle</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>London Jan. 13, 1952</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. C. Adams M.D. Coron</u>		23b. ADDRESS <u>Mexico Mo.</u>	
23c. DATE SIGNED <u>1-13-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 14 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Hudrain Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jan-14-1952</u>	
REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Pugh</u>	
ADDRESS <u>Mexico, Mo.</u>		ADDRESS	

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 ^{not} embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph L. Hueston Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. *4687*

P. O. Address *Mexico, 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.