

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17368

BIRTH MO. MAY 19 1952 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURLINGTON JUNCTION</u>	
c. LENGTH OF STAY (in this place) <u>60 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ULYSSES</u> b. (Middle) <u>SAVANNAH</u> c. (Last) <u>REAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 28 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 12, 1879</u>	9. AGE (In years last birthday) <u>81</u>	10. IF UNDER 1 YEAR Days <u>27</u> IF UNDER 24 HRS. Hours <u>9</u> Mins. <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>YADKINVILLE, N. CAR.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>CALVIN REAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA WHITEHEAD</u>	
14. NAME OF HUSBAND OR WIFE <u>NORA GLENN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS FERN WILSON</u>		ADDRESS <u>GUILFORD, MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUE TO (b) <u>arteriosclerosis general</u>			<u>3</u>	
ANTECEDENT CAUSES		DUE TO (c) <u>senile dementia</u>			<u>2 1/2</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION <u>1/21/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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)	
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 Jan 21, 1952, to April 28, 1952, that I last saw the deceased alive on April 28, 1952, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. DeLaur</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Burlington Junction Mo</u>		23c. DATE SIGNED <u>5/2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OHIO</u>	
24d. LOCATION (City, town, or county) (State) <u>Burlington Jct Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u>		ADDRESS <u>Burl. Jct Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-17-52</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u>	

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

742
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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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2968

P. O. Address Burlington Jct N

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.