

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24918**

AUG 11 1952

BIRTH NO. _____		REG. DIST. NO. 169	PRIMARY REG. DIST. NO. 4262	Registrar's No. 39
1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jeddo Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jeddo Twp		
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Rural Jeddo Twp. Knox City Mo.		
3. NAME OF DECEASED a. (First) John (Type or Print) Marion		b. (Middle) Marion		c. (Last) Reeves
4. DATE OF DEATH (Month) (Day) (Year) Aug 5 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
5. SEX Male	6. COLOR OR RACE White	8. DATE OF BIRTH April 23 1879	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 3 Days 12 IF UNDER 24 HRS. Hours 12 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Flower Mill		11. BIRTHPLACE (City and State or Foreign Country) Marion Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Marion Reeves		
13b. MOTHER'S MARDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Mary Reeves		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 484-10-2927		17. INFORMANT'S SIGNATURE OR NAME Mary Reeves ADDRESS Knox City Mo
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) Coronary Occlusion ANTECEDENT CAUSES Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 4201		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)		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 Aug 5, 1952 to Aug 5, 1952 , that I last saw the deceased alive on Aug 5, 1952 and that death occurred at 10:05A m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Helle S. Humolt MD		23b. ADDRESS Knox City Mo.		23c. DATE SIGNED 8/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 6 52		24c. NAME OF CEMETERY OR CREMATORY Youngstown Cemetery
24d. LOCATION (City, town, or county) (State) Des Moines Iowa		25. FUNERAL DIRECTOR'S SIGNATURE A J Sugar ADDRESS Knox City Mo.		
DATE REC'D BY LOCAL REG. Aug 6-1952		REGISTRAR'S SIGNATURE Helle S. Humolt		151-0

0520

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

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.