

S. No. 300  
IV. 10.48

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Reg. 104,737  
FILED SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33844

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2382

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) PIGGOTT	
c. LENGTH OF STAY (In this place) 7 Days		d. STREET ADDRESS (If rural, give location) 690 N. 6TH ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.			

3. NAME OF DECEASED (Type or Print) EUGENE		a. (First)		b. (Middle)		c. (Last) REEVES		4. DATE OF DEATH (Month) (Day) (Year) 9/12/52		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/4/92		9. AGE (In years last birthday) Months Days Hours Mins. 60 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) Rector, Arkansas			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOE REEVES		13b. MOTHER'S MAIDEN NAME NETTIE EVANS		14. NAME OF HUSBAND OR WIFE ROSE REEVES	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN ABSCESS, RIGHT TEMPORAL LOBE				INTERVAL BETWEEN ONSET AND DEATH 2 Months	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LUNG ABSCESS SECONDARY TO DUE TO (c) PNEUMONIA LEFT UPPER LOBE					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 490X					

19a. DATE OF OPERATION 9/10/52		19b. MAJOR FINDINGS OF OPERATION OBSTRUCTION AT VENTRICLE - ABSCESS RIGHT TEMPORAL LOBE				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9:15 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 9/5, 1952, to 9/12, 1952, that I last saw the deceased on 9/12, 1952, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. H. Zickler, M.D.		23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.		23c. DATE SIGNED 9/12/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9-12-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) PIGGOTT - ARKANSAS	
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DATE REC'D BY LOCAL REG. 9-15-52		REGISTRAR'S SIGNATURE Herbert R. Domb		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Funeral Home		ADDRESS 4104 Manchester	
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521 (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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.