S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25387

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 349

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 828 Pearl Street.

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle): A.
c. (Last): Reeves

4. DATE OF DEATH (Month) (Day) (Year): 7-26-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 23, ~~1897~~ 1896
9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jewelry Store
10b. KIND OF BUSINESS OR INDUSTRY: Jewelry Retail
11. BIRTHPLACE (State or foreign country): Wilburton, Okla.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Paris Gibson Reeves
13b. MOTHER'S MAIDEN NAME: Mary Shaggs
14. NAME OF HUSBAND OR WIFE: Gladys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. # 1
16. SOCIAL SECURITY NO.: 444-32-2132
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Gladys Reeves, 828 Pearl St., Joplin, 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, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Paralytic ilius — INTERVAL BETWEEN ONSET AND DEATH: 7-23-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Gastro-enteritis — About 5 hrs.
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
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, *19*53, *to* July 26, *19*53, *that I last saw the deceased alive on* July 26, *19*53 *and that death occurred at* 6:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Kuhn, Jr., M.D.
23b. ADDRESS: 321 Frisco Building, Joplin, Mo.
23c. DATE SIGNED: 7-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 7-30-1953
24c. NAME OF CEMETERY OR CREMATORY: D. W. Newcomers & Sons
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 8-3-53
REGISTRAR'S SIGNATURE: Ed D. James by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thornhill-Dillon Mortyary, Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 1 0 1953
Jasper County Health Office
County File Number 6 4 5
Date Filed ~~AUG 1 0 1953~~

AUG 2 0 1953

AUG 1 2 1953

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 .....

working under my personal supervision.

Student Embalmer No. ~~3590~~

Signed Earl A. Thornhill

Signed .....
Student Embalmer

Licensed Embalmer No. 3590.

P. O. Address Joplin, 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.

AUG 12 1953

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri } ss.
County of Jasper.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 25387
Local Registrar's No. 156.

On this 10 day of August, 1953 before me appears Cecil A. Thornhill, who, upon his oath, states that the original record of ~~birth~~ death for Joe A. Reeves, died ~~born~~ July 26, 1953, in the State of Missouri, and which was filed at Joplin on July, 1953, should be corrected as follows:

Item No. 4 should read November 23 1896.

Instead of Nov 23, 1897

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cecil A. Thornhill
Funeral Director
Relationship.

305 W. 4th Joplin, Mo.
Present Address.

Subscribed and sworn to before me this 10 day of August, 1953.

My Commission Expires Sept. 20, 1955

My Commission expires .....

William E. Budd Taylor
Notary Public.

V. S. 135
—8-43
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