

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31362

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5311 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits of RURAL and give township) <u>Pilot Grove Twp.</u> c. LENGTH OF STAY (in this place) <u>89 yrs</u>		c. CITY OR TOWN <u>Pilot Grove</u>	d. Is Resident within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION: _____		• STREET ADDRESS (If rural, give location) <u>0270</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>-CORDRY</u> c. (Last) <u>REAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1953</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>	8. DATE OF BIRTH <u>Oct 30, 1864</u>	9. AGE (In years) <u>88</u>	IF BROKEN: YEAR: _____ MONTHS: _____ DAYS: _____ HOURS: _____ MIN.: _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, or if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Grove, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Sentry</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>W.E. Reavis</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Hattie Pastlewate, Pilot Grove Mo</u> ADDRESS _____					

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 Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
ANTECEDENT CAUSES Morbid 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 _____		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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 June 27, 1951 to Sept 15, 1953 that I last saw the deceased alive on Sept 12, 1953; and that death occurred at 3:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>L M Kelly MD</u> (Degree or title)		23b. ADDRESS <u>Pilot Grove Mo</u>		23c. DATE SIGNED <u>9-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 17, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon Ceme</u>	
24d. LOCATION (City, town, or county) (State) <u>Atterville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays-Printer</u> ADDRESS <u>Pilot Grove, Mo</u>			
DATE REC'D BY LOCAL REG. <u>9/17/53</u>		REGISTRAR'S SIGNATURE <u>D Cooper</u> 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(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.....
Signature of Student Embalmer

Signed *Robert L. Paint*.....

Licensed Embalmer No. *406*

P. O. Address *Pilot Grove*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.