.S. No. 300
ev. 10.48

0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35150

FILED OCT 28 1953

State File No. 35150

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3007 Registrar's No. 434

1. PLACE OF DEATH

a. COUNTY: Butler

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff

c. LENGTH OF STAY (In this place): 1 Day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: New Madrid

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Malden 0720 1

d. STREET ADDRESS (If rural, give location): Como Twp.

3. NAME OF DECEASED (Type or Print) a. (First): NOAH b. (Middle): JOSEPH c. (Last): REAVES

4. DATE OF DEATH (Month) (Day) (Year): October 13-53

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 11-18-1903

9. AGE (In years last birthday): 49 | 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): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Tippah, Mississippi 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Jefferies Reaves

13b. MOTHER'S MAIDEN NAME: Etta Thomas

14. NAME OF HUSBAND OR WIFE: Bernice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 428-01-2605

17. INFORMANT'S SIGNATURE OR NAME: Bernice Reaves ADDRESS: R-1 Malden, 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) Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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 332X

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* 10-12, 1953, *to* 10-13, 1953, *that I last saw the deceased alive on* 10-13, 1953, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.

23b. ADDRESS: Poplar Bluff, Mo.

23c. DATE SIGNED: 10-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 14/53

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park

24d. LOCATION (City, town, or county) (State): Malden Mo.

DATE REC'D BY LOCAL REG.: 10/23/53

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Day Funeral Home Malden, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 26 1953
BUTLER CO. HEALTH CENTER

FILE No.

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 J. E. Schaumer

Licensed Embalmer No. 4086

P. O. Address Malden

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.