

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19795**

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3148		Registrar's No. 119		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway				
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. LENGTH OF STAY (In this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) Quitman - rural		d. STREET ADDRESS (If rural, give location) 0740		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) Hazel			b. (Middle) M.		c. (Last) Reever		4. DATE OF DEATH (Month) (Day) (Year) 6-9-1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-8-1897		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Maryville - Mo		12. CITIZEN OF WHAT COUNTRY USA -	
13a. FATHER'S NAME Geo. Masters			13b. MOTHER'S MAIDEN NAME Jane Hardisty		14. NAME OF HUSBAND OR WIFE Orin Reever			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Orin Reever - Quitman - Mo				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) Carcinoma of Rectum						INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Mar. 1, 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum				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, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June 18, 1954 to June 9, 1954 , that I last saw the deceased alive on June 9, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE B. F. Byland			23b. ADDRESS Maryville Mo			23c. DATE SIGNED 6/11/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-12-1954	24c. NAME OF CEMETERY OR CREMATORY Miriam Cem		24d. LOCATION (City, town, or county) (State) Maryville Mo.			
DATE REC'D BY LOCAL REG. 6-19-54		REGISTRAR'S SIGNATURE Bess Holt			25. FUNERAL DIRECTOR'S SIGNATURE Ed. Perkins			ADDRESS Maryville Mo.

(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

G M Stevenson

Licensed Embalmer No.

2279

P. O. Address

Maryville 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.