No. 300
10.48

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

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26420

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 461

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Baxter
c. CITY OR TOWN: Mountain Home
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8080 9

3. NAME OF DECEASED (Type or Print)
a. (First): LONIE
b. (Middle): L.
c. (Last): REEVES

4. DATE OF DEATH (Month) (Day) (Year): September 1, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 13, 1891
9. AGE (In years last birthday): 63 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Baxter County, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRED REEVES
13b. MOTHER'S MAIDEN NAME: ALICE KIMBLE
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS

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) Carcinoma Recto Sigmoid with extensive Metastasis to Urinary Bladder. — INTERVAL BETWEEN ONSET AND DEATH: 1 Yr.

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: 154 X
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* June 26, *1954, to* Sept. 1, *1954, and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE — Degree or title: R. C. KIRKWOOD, M.D. Chief Sur. Ser.
23b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
23c. DATE SIGNED: 9-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-3-54
24c. NAME OF CEMETERY OR CREMATORY: Gassmon Cem
24d. LOCATION (City, town, or county) (State): Gassmon Ark

DATE REC'D BY LOCAL REG.: 9/3/54
REGISTRAR'S SIGNATURE: R H Mitchell 489-49
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Green Cray & Fitch Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 7 1954
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 embal

by me, or by .....9-2-54....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Naples Bley

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.