

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36325**

BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6261** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROGERSVILLE WEBSTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROGERSVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) Lee c. (Last) Reeves			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14 1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 3, 1860	9. AGE (In years) last birthday 93	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL Nurse		10b. KIND OF BUSINESS OR INDUSTRY NURSING		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. DECEASED		

13a. FATHER'S NAME William Wagy		13b. MOTHER'S MAIDEN NAME Rose Ann Lightle		14. NAME OF HUSBAND OR WIFE SAMUEL H. Reeves	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rosie Kingery ADDRESS Rogersville 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Embolism		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2

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)
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"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 10, 1954**, to **Oct. 5, 1954**, that I last saw the deceased alive on **Oct 5, 1954**, and that death occurred at **6:05 A.M.** from the causes and on the date stated above.

23a. SIGNATURE R. Lee & DO (Degree or title)	23b. ADDRESS Dayton	23c. DATE SIGNED 10/15/54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Oct. 14 1954	24c. NAME OF CEMETERY OR CREMATORY Rock Branch Cem
24d. LOCATION (City, town, or county) (State) TINA MO.		

DATE REC'D BY LOCAL REG. 10-15-54	REGISTRAR'S SIGNATURE Opal M. Good	342	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Terrell ADDRESS Rogersville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1120
1

1120

DEC 8 1956

APR 11 1956

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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Fairland 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.