

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40649**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>1160</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield, Missouri</u>)		c. LENGTH OF STAY (in this place) <u>8 hrs.</u>		c. CITY OR TOWN <u>Eldorado Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route 5</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Liston</u>		c. (Last) <u>Reeves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 23 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1/12/1901</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Eldorado Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.H. Reeves</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Beulah Reeves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-12-2321</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Beulah Reeves Rt. 5 Eldorado,</u>			
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>Medullary Paralysis</u> ANTECEDENT CAUSES <u>Cerebral Hemorrhage</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>12-22, 1954</u> , to <u>12-23, 1954</u> , that I last saw the deceased alive on <u>12-23, 1954</u> , and that death occurred at <u>6:42 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard Wetzel D.D. 2</u>				23b. ADDRESS <u>7006. Sunshiner, Springfield, Mo.</u>		23c. DATE SIGNED <u>12-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cantlon Funeral Home, Stockton, Mo.</u>			

(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 *John G. Camilleri*

Licensed Embalmer No. *438*

P. O. Address *Stockton*

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.