S. No. 300
v. 10.48

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

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2197

4451 State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6041 Registrar's No. 507

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naylor
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naylor 0960
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): Hayes
c. (Last): Reeves

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 17, 1877
9. AGE (In years last birthday): 77 — If under 1 year: Months 7, Days 23, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Union City Tenn.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benjamin E. Harelson
13b. MOTHER'S MAIDEN NAME: Martha Collins
14. NAME OF HUSBAND OR WIFE: Frank Reeves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Fern Priest Poplar Bluff, 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) angina pectoris — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) none

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: none
19b. MAJOR FINDINGS OF OPERATION: 4202
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none.

22. *I hereby certify that I attended the deceased from* Jan 11, 1955, *to* Jan 12, 1955, *that I last saw the deceased alive on* Jan 4, 1955, *and that death occurred at* 1 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Feevlitt MD
23b. ADDRESS: Naylor Mo
23c. DATE SIGNED: 1/14/1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 16, 1954
24c. NAME OF CEMETERY OR CREMATORY: Naylor Masonic
24d. LOCATION (City, town, or county) (State): Naylor, Mo.

DATE REC'D BY LOCAL REG.: 1-22-55
REGISTRAR'S SIGNATURE: C B Johnston
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McCord-Gish Funeral Home, Naylor, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.