

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17811**

300
48

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 630

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY OR TOWN St. Joseph (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Mound City (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 2 (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) 0440 /	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) JASPER c. (Last) REEVES			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20, 1881
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Forest City, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Reeves		13b. MOTHER'S MAIDEN NAME Amanda King	14. NAME OF HUSBAND OR WIFE Mable G. 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. 497-12-1384	17. INFORMANT'S SIGNATURE OR NAME Mable G. Reeves, Mound City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia ANTECEDENT CAUSES DUE TO (b) Stroke Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cerebral Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X	
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)	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>6-22</u> , 19 <u>55</u> to <u>6-22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-22</u> , 19 <u>55</u> , and that death occurred at <u>6:15pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) O. E. Cassin M.D.		23b. ADDRESS State Hospital #.2, City	23c. DATE SIGNED 6/22/1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/25/55	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	24d. LOCATION (City, town, or county) (State) Oregon, Missouri
DATE REC'D BY LOCAL REG. June 24, 1955	REGISTRAR'S SIGNATURE Ethel M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE James Crawford	ADDRESS Mound City, Mo.

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

JUL 12 1957

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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.