

0.300
0.48

FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19825

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN RURAL - IRON		c. CITY OR TOWN RURAL - IRON 0940	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 3 MILES S. OF BISMARCK	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MILES S. OF BISMARCK			

3. NAME OF DECEASED (Type or Print) EVERETTE PAUL REEVES	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JUNE 26 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 7 1950	9. AGE (In years last birthday) 5	if UNDER 1 YEAR 3	if UNDER 1 HR. 19	if UNDER 15 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) BISMARCK MO.	12. CITY OF WHAT COUNTRY U.S.A.				

13a. FATHER'S NAME JESSIE N. REEVES	13b. MOTHER'S MAIDEN NAME HAZEL MORELAND	14. NAME OF HUSBAND OR WIFE - Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSIE N. REEVES BISMARCK MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Scarlet fever		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c) 050K		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sideral anemia adenopathy			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 6:25 PM, 1955, to 6:25, 1955, that I last saw the deceased alive on 6:25 PM, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Deponent or title) Rachel Rabbin	23b. ADDRESS Bismarck MO	23c. DATE SIGNED 6/26/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-27-55	24c. NAME OF CEMETERY OR CREMATORY DENT CEMETERY	24d. LOCATION (City, town, or county) (State) BISMARCK MO.
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DATE REC'D BY LOCAL REG. JUNE 27 1955	REGISTRAR'S SIGNATURE (Signature) 289-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE FUNERAL HOME BISMARCK
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(Licensed Embalmer's Statement on Reverse Side) Rachel White MO.

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

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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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Clinton New

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.