

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43231**

BIRTH NO. _____ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **4538** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give town) Piedmont	c. LENGTH OF STAY (In this place) 5 Yr.	c. CITY OR TOWN Piedmont	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		STREET ADDRESS (If rural, give location) 203 S 5th Street 1110	

3. NAME OF DECEASED (Type or Print)	a. (First) Chesley	b. (Middle) B.	c. (Last) Reeves	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 10 Days 15	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber	10b. KIND OF BUSINESS OR INDUSTRY 486-^{<}	11. BIRTHPLACE (City and State or Foreign Country) Sligo (Dent Co.) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Reeves	13b. MOTHER'S MAIDEN NAME Elizabeth Littard	14. NAME OF HUSBAND OR WIFE Gertrude Smith Reeves
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 486-160203	17. INFORMANT'S SIGNATURE OR NAME Chesley V. Reeves ADDRESS 408 Pittner Elvins, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH None
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. MORBID CONDITIONS (b) 4201		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ischemic Heart		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Piedmont Wayne Mo
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 **10-10-1953** to **12-2-1953**, that I last saw the deceased alive on **12-2-1953**, and that death occurred at **4 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE L. B. Danney, M.D. (Degree or title)	23b. ADDRESS Piedmont Mo	23c. DATE SIGNED 12-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/10/53	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Piedmont Mo
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DATE REC'D BY LOCAL REG. Dec. 14, 1953	REGISTRAR'S SIGNATURE Hazel Ward 460	25. FUNERAL DIRECTOR'S SIGNATURE William Coder ADDRESS Piedmont Mo
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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 Coder Funeral Home Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 372

P. O. Address Piedmont

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.