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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43250

FILED DEC 19 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6278 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Brush Creek</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Brush Creek Rural - Hartville</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>In City None</u>		e. STREET ADDRESS (If rural, give location) <u>Northeast - Hartville 4 mi.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Verlie</u>	b. (Middle) <u>Monroe</u>	c. (Last) <u>Reeves</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 27, 1902</u>
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>Wright Co., Mo.</u>	9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>4</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>
13a. FATHER'S NAME <u>Warren Reev es</u>		13b. MOTHER'S MAIDEN NAME <u>Barbee</u>	14. NAME OF HUSBAND/OR WIFE <u>Katherine</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elma Connor</u> ADDRESS <u>Hartville, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>+ internal injuries.</u>			
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	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u> SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hartville Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>near Hartville</u> (COUNTY) <u>Wright</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 1 1955 A.M. 10:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Car wreck.</u>	
22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>55</u> , to <u>Dec 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>55</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Shell Orthey Sr.</u> (Degree or title)		23b. ADDRESS <u>Hartville Mo</u>	23c. DATE SIGNED <u>12-5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Denton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-6-55</u>	REGISTRAR'S SIGNATURE <u>Barner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Simpson</u> ADDRESS <u>Hartville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 1255-136
Date Filed DEC 10 1955

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 *James W. Wair*.....
Licensed Embalmer No. 463

P. O. Address *Springfield*

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.