FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38909

Registration District No. 054 Primary Registration District No. 5867 Registrar's No. 1

1. PLACE OF DEATH

a. COUNTY: Oregon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Thayer — Inside Limits: Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in Institution: 36 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Oregon

c. CITY OR TOWN: Thayer 0750 — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Sam — Middle: — Last: Reeves

4. DATE OF DEATH: Month, Day, Year: November 14, 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: August 29, 1888

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Frisco Railroad Employee

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Grandin, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Reeves

14. MOTHER'S MAIDEN NAME: Catherine Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 702-07-4050

17. INFORMANT Address: Bessie Reeves, Thayer, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH: April 1956

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 2900

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1956, to Nov 14 195 and last saw him alive Nov 14, 1956

Death occurred at 5:40 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W W Cooper (Degree or title): M.D.

22b. ADDRESS: Thayer Ore

22c. DATE SIGNED: 11-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-16-1956

23c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery

23d. LOCATION (City, town, or county) (State): Thayer, Missouri

24. FUNERAL DIRECTOR ADDRESS: Edward Curtis Thayer Mo

25. DATE RECD. BY LOCAL REG.: 11-24-56

26. REGISTRAR'S SIGNATURE: Arthur Wolff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...4...

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.