

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40734

STATE FILE NUMBER

FILED DEC 17 1956

XC-155 96-23
REG. NO. 12504

Registration District No. 43

Primary Registration District No. 3009

Registrar's No. 29

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY WILLIAMSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		Length of stay in lb 91 days	d. STREET ADDRESS ROUTE 5 (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle (NMI) Last REEVES			4. DATE OF DEATH Month DECEMBER Day 5 Year 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-12-91	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MECH. ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) NEW BURNSIDE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM WILLIS REEVES			14. MOTHER'S MAIDEN NAME MARY E. MORTEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes; no; or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUCINOUS ADENOCARCINOMA OF STOMACH WITH EXTENSIVE METASTASIS. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CACHEXIA, SECONDARY TO DG. #1. DUE TO (c) 157.X					INTERVAL BETWEEN ONSET AND DEATH 2 years 3 months
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 5, 1956 to Dec. 5, 1956 Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. W. GASKINS, M.D., Chief, Surgical Svc.			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 12-6-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-6-56	23c. NAME OF CEMETERY OR CREMATORY Marion Cem.		23d. LOCATION (City, town, or county) (State) Marion, Ill.
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 12/8/56		26. REGISTRAR'S SIGNATURE P. N. Muehle	

(Licensed Embalmer's Statement on Reverse Side)

00-56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

DEC 10 1955 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

REC'D 23 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 _____
Licensed Embalmer No. _____

P. O. Address _____

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.