

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35006

State File No. _____

FILED OCT 22 1957

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>5143</u> | | Registrar's No. <u>594</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) <u>5 weeks</u> | | c. CITY OR TOWN <u>Puxico</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Good will rest Home,</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Poplar Bluff Mo, 1030</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u> | | b. (Middle) <u>Ann</u> | | c. (Last) <u>Reavis</u> | | 4. DATE OF DEATH (Month) <u>9</u> (Day) <u>26</u> (Year) <u>57</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Feb 12 1876</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retiree</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Curdon Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Isaac Nash</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Hamlet</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> | | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladys Wamsley Puxico Mo,</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u> | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis.</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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (Min.) | | 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 <u>Sept 20, 1957</u> to <u>Sept 26, 1957</u> , that I last saw the deceased alive on <u>Sept 20, 1957</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Mason R. Berhant MD</u> | | | | 23b. ADDRESS <u>Poplar Bluff Mo</u> | | 23c. DATE SIGNED <u>10-7-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-29-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u> | | 24d. LOCATION (City, town, or county) (State) <u>Puxico Mo Rural Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>10/17/57</u> | | REGISTRAR'S SIGNATURE <u>DR K. Trinitie</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mathews and Sons Puxico Mo</u> | | | |

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

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RECEIVED

OCT 22 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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

Signature *Paul Watkins*

Licensed Embalmer No. *4964*

P. O. Address *Depta*

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.