

pt. Health,  
, & Welfare  
S. Public  
alth Service

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

399990  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1126

V. S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Crane</b>	
c. FULL NAME OF (IF NOT in hospital, give location) <b>OZARK OSTEOPATHIC HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1120</b>	
3. NAME OF DECEASED (Type or print) First <b>Charley</b> Middle <b>Wilbur</b> Last <b>Reavis</b>		4. DATE OF DEATH Month <b>November</b> Day <b>21</b> Year <b>1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11/29/1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Marshall County, Tenn.</b>
13a. FATHER'S NAME <b>John Reavis</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Cora Reavis</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>yes</b>	17. INFORMANT Address <b>Mrs. Cora Reavis, Crane, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Protatism with Pylonephritis</b>			
DUE TO (c) <b>Advanced Carcinoma of the prostate</b> <b>177X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized carcinomatosis- Primary site being carcinomatosis of prostate gland.</b>			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>10/22/56</b> to <b>11/21/57</b> and last saw <sup>her</sup> him alive on <b>11/21/57</b> Death occurred at <b>8:40 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Deland E. Wetzel DO</i>		22b. ADDRESS <b>700 E. Sunshine Springfield, Missouri</b>	
		22c. DATE SIGNED <b>11/21/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
<b>Burial</b>		<b>Nov. 24 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Crane</b>		<b>Crane Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	
<b>McIntire Funeral Home Crane, Missouri</b>		<b>11-22-57</b>	
		26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Securing the medicor certificate in the specific manner required by 1957.140 MED.3 1747. All diseases in Part I must be causally related.

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 *Laura G. Schaff*  
\_\_\_\_\_

Licensed Embalmer No. *3802*  
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.