

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006835

STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 299 Primary Registration District No. 305 Registrar's No. 11

300
-57

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond</u> <u>0991</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>514 South Shaw</u>		Length of stay in 1b <u>8 months</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. #4 - 1 mile SW Richmond</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARGARET K. REAVIS</u>			4. DATE OF DEATH Month Day Year <u>February 13, 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 14, 1881</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>27</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and state or country) <u>Rosebank, Scotland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>David Pratt</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Hugh</u>
14. NAME OF HUSBAND OR WIFE <u>William H. Reavis</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT <u>Miss Mildred True</u>		Address <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> DUE TO (b) <u>Retroperitoneal lymphosarcoma</u> DUE TO (c) <u>2001</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>1-2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis & A.S. heart disease</u>			
19. WAS AUTOPSY PERFORMED? 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.) <u></u>		20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> g.m. <u></u> p.m. <u></u>	
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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>April 6, 1953</u> , to <u>Febr. 13, '58</u> and last saw her ^{him} alive on <u>Febr. 7, 1958</u> Death occurred at <u>8:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. O. Johnson</u> (Degree or title)		22b. ADDRESS <u>Richmond, Mo.</u>	
22c. DATE SIGNED <u>2/17/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Feb. 15, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sherry Slope</u>	
23d. LOCATION (City, town, or county) <u>Richmond, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Miss Mabel Jackson</u> Address <u>Richmond, Missouri, Parked file</u>		25. DATE RECD. BY LOCAL REG. <u>2-22-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 4066

P. O. Address Bellevue, W

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.