

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008906
STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 100 Primary Registration District No. Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Dent County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Steelville, Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Knox Nursing Home Length of stay in lb 3 yr.		d. STREET ADDRESS Rural Rte. Steelville, Missouri Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Wiley Middle Samuel Last Reeves			4. DATE OF DEATH Month March Day 11 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 13, 1868
9. AGE (In years last birthday) 91		10. F UNDER 1 YEAR Months _____ Days _____	11. F UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Crawford County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Nathan Reeves	
13b. MOTHER'S MAIDEN NAME Katherine Baker		14. NAME OF HUSBAND OR WIFE Ida Anna Glassglow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT Mrs. Ila Thomas Address Salem, 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) Coronary vascular disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis and malignant Hypertension			
DUE TO (c) atheriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 1950 to Feb. 1959 and last saw her alive on March 11, 1959 Death occurred at 7:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph R. Burnett, D.C. (Degree or title) 2		22b. ADDRESS 415 E. High St.	22c. DATE SIGNED 3/16/59
23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE March 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Craig Cemetery	23d. LOCATION (City, town, or county) (State) Cookstation, Missouri
24. FUNERAL DIRECTOR SPECIEN FUNERAL HOME, SALEM, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. 3/12/59	26. REGISTRAR'S SIGNATURE M.M. Hart, M.D. Sec.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
0-57
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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 *Edward F. ...*

Licensed Embalmer No. *4553*
P. O. Address *Salem, Mo.*

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.