

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037352

FILED VS OCT 27 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 399

STATE FILE NUMBER

MAILED

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Near Doe Run, Mo.		Length of stay in 1b	c. CITY OR TOWN Near Doe Run, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pendleton Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Rose Middle Marie Last Reeves			4. DATE OF DEATH Month Oct. Day 17 Year 1959		
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5. SEX Female	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 Oct. 19, 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Old Mines, Mo.	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Charles Sullivan	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Harry Reeves
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Russell Richardson Address Doe Run, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Decompensated heart disease		3 yrs.
DUE TO (c) Arteriosclerosis		years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 8-4-56 , to 10-17-59 and last saw her ^{her} him alive on 8-29-59 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) R. G. Mendigata, D.O.	22b. ADDRESS Farmington, Missouri	22c. DATE SIGNED 10-19-59
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23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE Oct. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY New Calvary	23d. LOCATION (City, town, or county) (State) Farmington, Mo.
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24. FUNERAL DIRECTOR C. H. Cozart Address Farmington, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 19, 1959	26. REGISTRAR'S SIGNATURE Ether Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

C. H. Cozad
04
Licensed Embalmer No. _____

P. O. Address *Farming*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.