

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959/28

59-039732

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 13.36

UNDECEASED

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural 2nd N. Campbell		Length of stay in 1b	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 1 Mile North of Springfield INSTITUTION on Highway #13			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2738 W. Walnut	
3. NAME OF DECEASED (Type or print) First ALONZO Middle JOSEPH Last REEVES Jr.			4. DATE OF DEATH Month December Day 8, Year 1959		
5. SEX Male	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 17 July 1930	9. AGE (last birthday) 29	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mason		10b. KIND OF BUSINESS OR INDUSTRY Masonry	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Alonzo Reeves		13b. MOTHER'S MAIDEN NAME Maude Knowles		14. NAME OF HUSBAND OR WIFE Patricia Reeves	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korea		16. SOCIAL SECURITY NO.	17. INFORMANT Chester Reeves (Brother) Springfield, 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) FACE AND HEAD INJURIES					INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) HE WAS DRIVER OF A AUTOMOBILE INVOLVED IN A THREE CAR ACCIDENT ON HIGHWAY MO. STATE #13 JUST NORTH OF SPRINGFIELD CITY LIMITS			
20c. TIME OF INJURY APPROX 9:40 p.m. DEC 8 1959	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE HWYWAY NO. 13				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION NORTH OF SPRINGFIELD GREENE MISSOURI				
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at Approx. 9:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Effie S. Drayton</i>			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED Dec 10, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/11/59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD MO.		25. DATE RECD. BY LOCAL REG. 12-10-59		26. REGISTRAR'S SIGNATURE <i>Effie S. Drayton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 14 1969

FEB 1

FEB 13 1960

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

Max Fude

Licensed Embalmer No. _____

4071

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.