

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-018136

FILED VS APR 27 1960

STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 45-38 Registrar's No. 6

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|--|--|---|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PIEDMONT</u> | | Length of stay in lb <u>16 MONTHS</u> | | c. CITY OR TOWN <u>PIEDMONT</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u> | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>✓</u> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL HARMON REEVES</u> | | | | 4. DATE OF DEATH Month Day Year <u>Apr. 20 1960</u> | | | | |
| 5. SEX <u>MALE</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>2/29/1874</u> | | |
| 9. AGE (last birthday) <u>86</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HR Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER & MINISTER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM & MINISTER</u> | | 11. BIRTHPLACE (City and state or country) <u>BRUNOT, MO</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>JEFFERSON REEVES</u> | | | 13b. MOTHER'S MAIDEN NAME <u>SARAH TULLOCH</u> | | | 14. NAME OF HUSBAND OR WIFE <u>MARY (ELLIS) REEVES</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>✓</u> | | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT <u>ETTA DUNCAN</u> Address <u>PIEDMONT, 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>CORONARY ARTERIOSCLEROSIS</u> 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 | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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.) | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. _____ | | Month, Day, Year _____ | | | | | | |
| 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 _____ | | |
| 21. I attended the deceased from <u>4-2-60</u> to <u>4-20-60</u> and last saw her/him alive on <u>4-18-60</u> . Death occurred at <u>12:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | | | 22b. ADDRESS <u>Piedmont, MO</u> | | 22c. DATE SIGNED <u>April 22, 1960</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>4-22-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>BEULAH CEM</u> | | 23d. LOCATION (City, town, or county) <u>BRUNOT MO.</u> | | (State) | |
| 24. FUNERAL DIRECTOR ADDRESS <u>GISH FUNERAL HOME</u> <u>PIEDMONT, MO.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>4/23/60</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, N.C.

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.