URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042983

FILED VS NOV 2 9 1960

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 186

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b 13 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Portageville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Reeves

4. DATE OF DEATH Month November Day 16, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-23-1886
9. AGE (last birthday) 74 — 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY x
11. BIRTHPLACE (City and state or country) Pemiscot Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Alexander
13b. MOTHER'S MAIDEN NAME Ann Fisher
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. x
17. INFORMANT Jewell Reeves Address Portageville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Renal Failure — INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Glomerulonephritis — years
DUE TO (c) Arteriosclerotic Cardiovascular Disease — 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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Nov 4, 1960, to Nov 16, 1960 and last saw her/him alive on Nov 15, 1960
Death occurred at 2 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. D. Grabb M.D.
22b. ADDRESS Portageville, Mo.
22c. DATE SIGNED 11/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-17-1960
23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery
23d. LOCATION (City, town, or county) (State) Portageville, Mo.

24. FUNERAL DIRECTOR ADDRESS Osburn Funeral Home, Wardell, Mo.
25. DATE RECD. BY LOCAL REG. 11-19-60
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James A. Osburn

Signature of Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

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