# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 31 1961

-61-001203 STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 10

TYPEWRITER RIBBON — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

AMENDED

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ironton — Length of stay in 1b: 5 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Mary's Hosp. — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Iron
c. CITY OR TOWN: Ironton — Inside Limits: Yes # ☐ No ☐
d. STREET ADDRESS (If outside, give location): 416a N. Main — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First MAGGIE Middle MAE Last REEVES
4. DATE OF DEATH: Month Jan. Day 21 Year 1961
5. SEX: fem
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed # ☐ Divorced ☐
8. DATE OF BIRTH: 8-19-1897
9. AGE (last birthday): 63 — 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): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Glover, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Swearingim
13b. MOTHER'S MAIDEN NAME: Margaret George
14. NAME OF HUSBAND OR WIFE: Rupert Reeves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Helen Lackamp, Arcadia 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial
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. ☐ 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or Title): MD
22b. ADDRESS: Ironton Mo
22c. DATE SIGNED: 1-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-23-61
23c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park
23d. LOCATION (City, town, or county) (State): Ironton Mo.

24. FUNERAL DIRECTOR: White Funeral Home — ADDRESS: Ironton Mo.
Lucile J. White
25. DATE RECD. BY LOCAL REG.: 1-24-61
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ancel J. White
Signature of Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Fairton, Ind.

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.