

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005251

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 14

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Township		Length of stay in lb 1 yr - 2 days	c. CITY OR TOWN Lamar Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. No 3		d. STREET ADDRESS Route # 2	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First William Middle Ray Last Reaves	4. DATE OF DEATH Month Jan. Day 21 Year 1962
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5. SEX Male	6. COMPLETION Wife	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-4-1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 2 Days 17 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Ebenezer Reaves	13b. MOTHER'S MAIDEN NAME Mary Alice Pritchett	14. NAME OF HUSBAND OR WIFE May Y. Reaves
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Hosp. Records State Hosp. No. 3
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 	INTERVAL BETWEEN ONSET AND DEATH Years
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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
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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 **May 18, 1961** to **Jan 20 1962** and last saw her/him alive on **Jan. 20, 1962**
Death occurred at **6:48** A **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sheldon M. Mungin M.D.	22b. ADDRESS State Hosp. No. 3	22c. DATE SIGNED 1-21-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 24 62	23c. NAME OF CEMETERY OR CREMATORY Oakton Cemetery	23d. LOCATION (City, town, or county) (State) Barton Mo
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24. FUNERAL DIRECTOR Beeny Funeral Home Sheldon	25. DATE RECD. BY LOCAL REG. Jan 25-1962	26. REGISTRAR'S SIGNATURE Anna J. Jerrys
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(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gerald Beery

Licensed Embalmer No. *4203*

P. O. Address *Sheldons*

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.