MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018395

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 95

FILED JUN 11 1962

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Smithville
Length of stay in 1b: 1 Hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Smithville Clinic
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN: Trimble
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Dana Middle: Jean Last: Reeves
4. DATE OF DEATH: Month: May Day: 24 Year: 1962
5. SEX: Fe
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-23-62
9. AGE (last birthday): 0 IF UNDER 1 YEAR: Months 4 Days 1 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Smithville, Missouri USA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Donald Joe Reeves Sr.
13b. MOTHER'S MAIDEN NAME: Patricia Lee Bishop
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT: Patricia Reeves Address: Trimble, 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) Suffocation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: unknown
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.) Child apparently fell between bed and wall.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 5-24-62
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.): Home
20f. CITY, TOWN, OR LOCATION: Trimble COUNTY: Clinton STATE: Missouri
21. I attended the deceased from 5-24-62, to 5-24-62 and last saw her/him alive on
Death occurred at 8:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Albert F. Lewis Jr. (Degree or title)
22b. ADDRESS: Smithville, Mo.
22c. DATE SIGNED: 5/25/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-26-62
23c. NAME OF CEMETERY OR CREMATORY: Ridgeley Cemetery
23d. LOCATION (City, town, or county) (State): Platte Co., Missouri
24. FUNERAL DIRECTOR: McComas Funeral Home ADDRESS: Smithville, Mo.
25. DATE RECD. BY LOCAL REG.: 6-1-62
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1000		
2	0250		
3			
4	1		
5	0		
6			
7	0		
8	1		
9	9240		
10	18		
11	025		
12	4-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Donald W. Hanks

Signature of Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

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.