

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042299

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1790

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1962

1. PLACE OF DEATH
a. COUNTY **GREENE**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** COUNTY **GREENE**

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **SPRINGFIELD** Length of stay in lb **1 DAY**

c. CITY OR TOWN **SPRINGFIELD** Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. JOHN'S HOSP.** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **2228 S. DELAWARE** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **MARY KATHLENE REAVES**

4. DATE OF DEATH Month Day Year **DEC. 3 1962**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12/2/62** 9. AGE (last birthday) **1** 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) **INFANT** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **SPRINGFIELD, MO.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **RAYMOND REAVES** 13b. MOTHER'S MAIDEN NAME **MARY K. DEELY** 14. NAME OF HUSBAND OR WIFE **X**

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. **NO** 17. INFORMANT Address **RAYMOND REAVES, SPRINGFIELD, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pneumonia (Anter Uterine)** INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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.
 Yes N. 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 **12-2-62** to **12-3-62** and last saw her **alive** on **12-2-62**
Death occurred at **4:15 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree and Title) **[Signature]** 22b. ADDRESS **[Signature]** 22c. DATE SIGNED **12-3-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **12-4-62** 23c. NAME OF CEMETERY OR CREMATORY **RESURRECTION** 23d. LOCATION (City, town, or county) (State) **SPRINGFIELD, MO.**

24. FUNERAL DIRECTOR ADDRESS **H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.** 25. DATE RECD. BY LOCAL REG. **12-6-62** 26. REGISTRAR'S SIGNATURE **[Signature]**

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

VS 300 Rev. 4/59
10397
20397
3
4 1
5 0
6
7 0
8 1
97630
10
11
124-0
13

USE BLACK INK OR TYPEWRITER RIBBON

Max Fitch-M.D.

Permit 12-4-62

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 Junius L. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.