

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 508

STATE FILE NUMBER 65-047480

FILED JAN 9 1964

VS 300	DATE AMENDED	
Rev. 4/59		
1 <u>0269</u>		
2 <u>0259</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>1</u>		
8 <u>2</u>		
9 <u>4200</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
10		
11		
12 <u>90-0</u>		
13 <u>30</u>		
INSTEAD OF		
SHOULD READ		
BY AFFIDAVIT OF		
DOCUMENT		
MEDICAL CERTIFICATION		

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Jefferson City</u>
c. FULL NAME OF DECEASED (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1803 HASELTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1803 HASELTON</u>
3. NAME OF DECEASED (Type or print) First Middle Last VICTOR REEVES		4. DATE OF DEATH Month Day Year DEC 30, 1963	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/7/07</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Oil Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Raton N M</u>	9. AGE (last birthday) <u>56</u>
13a. FATHER'S NAME <u>Charles Reeves</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Green</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War 2</u>		17. INFORMANT <u>Lucille Reeves J C Mo.</u>	
11b. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>EMM.</u>	
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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
21. I attended the deceased from <u>1/1/63</u> to <u>12/30/63</u> and last saw her alive on <u>12-11-63</u> Death occurred at <u>230 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>515 E. HIGH JEFFERSON CITY</u>	22c. DATE SIGNED <u>12/31/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/2/64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>J C Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3 January 1964</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1964

cash

900

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.