

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **392**

FILED FEB 9 1949

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 44			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Freeborn Township		d. STREET ADDRESS (If rural, give location) R.R. - 1 Clarkton Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hospital				3. NAME OF DECEASED a. (First) Charley				b. (Middle) M.	
c. (Last) Reeves				4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 49		5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 14, 1878		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 10		IF UNDER 12 HRS. Days 13 Hours 13 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Reeves			13b. MOTHER'S MAIDEN NAME Un known			14. NAME OF HUSBAND OR WIFE Ivory Reeves			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Nola Holtzghouser-Malden, Mo.			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure				INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis				DUE TO (c)				Interval 2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute urinary retention								Interval 9 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION u 2 2 2						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1/18 to Jan. 27, 1949 , that I last saw the deceased alive on 1/27 19 49 and that death occurred at 8:15 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE L. P. Meicher M.D.				23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 1/31/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 30, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Giliad		24d. LOCATION (City, town, or county) (State) Clarkton, Mo.			
DATE REC'D BY LOCAL REG. 2-2-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Handess Funeral Home, Campbell, Mo.		ADDRESS			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No.

District File Number 242-2

Date Filed 2-1-4

APR 6 1949

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.

Signed

Christina M. Landers

Signed.....

Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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 this body is not embalmed, fact should be so stated above.