

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39588

BIRTH NO. REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4518 Registrar's No. 737

1. PLACE OF DEATH a. COUNTY <b>TANEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>TANEY</b>	
b. CITY OR TOWN <b>Hobbsiter</b>		c. CITY OR TOWN <b>Taneyville, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johnson Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>Taneyville, Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>ELLIS</b> c. (Last) <b>Reeves</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5, 1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>JAN. 23, 1922</b>	9. AGE (In years last birthday) <b>28</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 24 HRS. Hours <b>12</b>	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired farmer</b>	11. BIRTHPLACE (State or foreign country) <b>IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>NORMAN Reeves</b>	13b. MOTHER'S MAIDEN NAME <b>Rodie Wikhy's</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James E. Reeves</b>	ADDRESS <b>Taneyville, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Aneurysm</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 22, 1950**, to **Nov 5, 1950**, that I last saw the deceased alive on **Nov 5, 1950**, and that death occurred at **40** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J E Cogswell</b> (Degree or title)	23b. ADDRESS <b>Harrods, Mo</b>	23c. DATE SIGNED <b>11/8/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/7/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lickens Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lickens, Mo</b>
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DATE REC'D BY LOCAL REG. <b>04 2 1950</b>	REGISTRAR'S SIGNATURE <b>J E Cogswell</b>	25. FUNERARY DIRECTOR'S SIGNATURE <b>W. Slabb</b>	ADDRESS <b>Harrods, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED NOV 14 1950

Dist. File 1150-2323

Date Filed 11/29/50

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Walter S. Cobb

Signed.....  
Student Embalmer

Licensed Embalmer No. 4731

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