

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11422

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Macon</u>			
b. CITY OR TOWN <u>Ricksville</u>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		c. CITY OR TOWN <u>Decatur</u>		8/20 ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O.S. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>758-C-Cleveland</u>			
3. NAME OF DECEASED (Type or Print) <u>Clyde</u>		a. (First)		b. (Middle) <u>Cleo</u>		c. (Last) <u>Reeves</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>14</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct. 27, 1916</u>	
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 RES. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCKING</u>		11. BIRTHPLACE (State or foreign country) <u>Shialey ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY Reeves</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Sutterfield</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Reeves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u> (If yes, give year or date of service) <u>W.W.II</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>VIVIAN BARKER, 602-C-Eldorado, Decatur, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory and cardiac failure</u> ANTECEDENT CAUSES, <u>Spiral cord severance dislocation</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Fracture of both 27th cervical vertebrae</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>7 hrs</u> <u>7 hrs</u> <u>8:10</u> <u>27</u>
19a. DATE OF OPERATION <u>4/19/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture-dislocation of cervical spine</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brunswick Charitor, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/19/51 6 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck-train accident</u>			
22. I hereby certify that I attended the deceased from <u>April 19, 1951</u> , to <u>April 17, 1951</u> , that I last saw the deceased alive on <u>April 19, 1951</u> , and that death occurred at <u>1:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dorald Jeff</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>20-2 K.C.O.S. Hospital</u>		23c. DATE SIGNED <u>4/19/51</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bracefield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Decatur Illinois</u>		
DATE REC'D BY LOCAL REG. <u>4-15-51</u>		REGISTRAR'S SIGNATURE <u>Nate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Ricksville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 23 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-794  
Date Filed: APR 23 1951

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.....

*Robert B. Davis*

Signed.....

Student Embalmer .

Licensed Embalmer No. 4219

P. O. Address

*Kirkville 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.