

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1951

State File No. 17759

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 171

0940  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Francois		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 Farmingington RURAL St. Francois	c. LENGTH OF STAY (in this place) 2yrs. 26das	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell	0750
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) MAUDE b. (Middle) ANN c. (Last) REEVES			4. DATE OF DEATH (Month) (Day) (Year) April 27 1951	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 26, 1891		9. AGE (In years last birthday) 60	10 UNDER 1 YEAR 2 Months	11 UNDER 18 HRS. 1 Day
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dublin, Texas /		12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Thomas Toler		13b. MOTHER'S MAIDEN NAME Martha Jones		14. NAME OF HUSBAND OR WIFE Enich M. Reeves	
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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) NO	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x				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) (Min.)	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 April 1, 1949, to April 27, 1951, that I last saw the deceased alive on April 27, 1951, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) L. B. Breaux		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 4-27-1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 29, 1951	24c. NAME OF CEMETERY OR CREMATORY Elder Cem.	24d. LOCATION (City, town, or county) (State) Campbell, Mo. RFD#1	
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DATE REC'D BY LOCAL REG. May 10, 1951	REGISTRAR'S SIGNATURE Eather, Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo.		
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AUG 21 1951

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 21 1951

RECEIVED

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 \_\_\_\_\_

*Ch Cozem*

Signed.....

Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Jarvis

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.