

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP. 9 - 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3018 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (In this place) <u>23 yrs</u>		0352	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>605 So. Jackson</u>		d. STREET ADDRESS (If rural, give location) <u>605 So Jackson</u>	
3. NAME OF DECEASED a. (First) <u>James Andrew</u> b. (Middle) <u>Max</u> c. (Last) <u>Cleveland Reeves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24-1952</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 11-1890</u>
9. AGE (In years last birthday) <u>61</u>	10. MONTHS <u>10</u>	10. DAYS <u>23</u>	9. HOURS <u>10</u> MIN. <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Waverly Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>J. Geo. W. Reeves</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Emma</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Reeves</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>War #1</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Reeves</u> ADDRESS <u>Kennett Mo</u>	
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension C.V. Disease</u>		<u>4 years</u>
	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"/>
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 <u>July</u> , 19 <u>50</u> , to <u>Aug 24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 24</u> , 19 <u>52</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph P. Summers M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>8-26-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 25</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak View</u>	24d. LOCATION (City, town, or county) (State) <u>Union City Tenn</u>
DATE REC'D BY LOCAL REG. <u>8-26-52</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Service</u>	ADDRESS <u>Kennett, Mo.</u>

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 8-27-52
COUNTY FILE NUMBER 852-240

OCT 23 1952

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 *Edgar Lee Ford*

Signed.....
Student Embalmer

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.