

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1757

State File No.

5. No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>116 Monroe Street</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u> <u>9041</u>	
		d. STREET ADDRESS (If rural, give location) <u>116 Monroe Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>*****</u> c. (Last) <u>REEVES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1/6/1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 22 1876</u>	9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm & Office</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm & Farm Bureau</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenup County Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Peter D. Reeves</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Craycraft</u>	14. NAME OF HUSBAND OR WIFE <u>Lida Reeves (deceased)</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Acuff</u>	ADDRESS <u>Lee's Summit Mo.</u>
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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		19. INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	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.			

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)	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 2-27, 1948 to 1-6, 1953, that I last saw the deceased alive on 1-3, 1953, and that death occurred at 10:27 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Lee's Summit, Mo.</u>	23c. DATE SIGNED <u>1-7-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/8/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton</u>	24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-8-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	HEALTH DEPARTMENT DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Lee's Summit Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

100-1

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.

Student
Student Embalmer

Signed W B Langford

Licensed Embalmer No. 13233

P. O. Address Lee's Summit

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.