

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

FILED JUN 1-1953

STANDARD CERTIFICATE OF DEATH

State File No. **18935**

BIRTH NO.		REG. DIST. NO. <b>276</b>		PRIMARY REG. DIST. NO. <b>4410</b>		Registrar's No. <b>33</b>		
1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. James</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. James</b>		<b>8810</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>			b. (Middle) <b>Martin</b>		c. (Last) <b>Reeves</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>22</b> (Year) <b>1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 3 1876</b>		9. AGE (In years) <b>76</b>	IF UNDER 1 YEAR Month <b>7</b> Days <b>19</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dent Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Reeves</b>			
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 ADDRESS <b>Julia Reeves, St. James, Mo</b>				
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>6 months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Veris pneumonia</b>				ANTECEDENT CAUSES DUE TO (b) <b>Sensibility</b>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>General arteriosclerosis</b>				
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>492x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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 <b>April 1953</b> , to <b>May 22, 1953</b> , that I last saw the deceased alive on <b>May 21, 1953</b> , and that death occurred at <b>10:17 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>James H. Beckett MD</b>				23b. ADDRESS <b>St. James, Mo.</b>		23c. DATE SIGNED <b>5/23/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 24 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. James, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>May 25 1953</b>		REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Baker, Ch. Jones</b>		ADDRESS		

County \_\_\_\_\_  
Date Filed 5-29-53

**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

*C. Jesse Gahr*

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.