

REG. #113952

FILED NOV 6 - 1953

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2692**

|  |                               |  |   |  |   |   |   |                                  |
|--|-------------------------------|--|---|--|---|---|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>ILLINOIS</b> b. COUNTY <b>MORGAN</b> |   |   |   |                                  |
| b. CITY OR TOWN <b>JEFFERSON BARRACKS, MO.</b>   |                               | c. LENGTH OF STAY (in this place) <b>17 DAYS</b>   |   | c. CITY OR TOWN <b>JACKSONVILLE, ILL.</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>  |                               |  |   | e. STREET ADDRESS (If rural, give location) <b>R. R. #6</b>  |   |   |   |                                  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>ISAAC</b> b. (Middle) <b>HARDIN</b> c. (Last) <b>REEVE</b>  |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>10-17-53</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>3-30-94</b>                       |  | 9. AGE (In years last birthday) <b>59 YRS</b>                           | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HRS.<br>Hours Min.  |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL FARMING</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>MORGAN COUNTY, ILL.</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |   |                                  |
| 13a. FATHER'S NAME <b>ROBERT REEVE</b>   |                               |  | 13b. MOTHER'S MAIDEN NAME <b>HETTIE DANIELS</b>       |  | 14. NAME OF HUSBAND OR WIFE <b>BEULAH I. REEVE</b>                      |   |   |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>   |                               | 16. SOCIAL SECURITY NO. <b>NONE</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>   |   |   |   |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |                               |  |   | MEDICAL CERTIFICATION  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b>   |                               |  |   | DUE TO (b) <b>CHRONIC NEPHRITIS</b>  |   |   |   |                                  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |                               |  |   | DUE TO (c)   |   |   |   |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                               |  |   |  |   |   |   | <b>592X</b>                      |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.)               |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |   |   |                                  |
| 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?   |   |   |   |                                  |
| 22. I hereby certify that I attended the deceased from <b>9-30</b> , 19 <b>53</b> , to <b>10-17</b> , 19 <b>53</b> , and that death occurred at <b>4:45 pm.</b> , from the causes and on the date stated above.                |                               |  |   |  |   |   |   |                                  |
| 23a. SIGNATURE <b>M. H. Harkins, M.D.</b> (Degree or title)  |                               |  |   | 23b. ADDRESS <b>VET. ADM. HOSPITAL, JEFF. BRKS., MO.</b>   |   | 23c. DATE SIGNED <b>10-18-53</b>  |   |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |                               | 24b. DATE <b>10-19-53</b>  | 24c. NAME OF CEMETERY OR CREMATORY                    |  | 24d. LOCATION (City, town, or county) (State) <b>Jacksonville, Ill.</b> |   |   |                                  |
| DATE REC'D BY LOCAL REG. <b>10/19/53</b>   |                               | REGISTRAR'S SIGNATURE <b>Hebert E. Ambrose</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>   |   |   |   |                                  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student:.....  
Signature of Student Embalmer

Signed *Paul J. Farnum*  
.....  
Licensed Embalmer No. *H. J.*

P. O. Address *St. Louis*  
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.