

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **1144**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **141** PRIMARY REG. DIST. NO. **3025** Registrar's No. **30**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>HOWELL</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>WEST PLAINS,</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>HOWELL</b>
c. LENGTH OF STAY (in this place) <b>40 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WEST PLAINS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X HOME X</b>		d. STREET ADDRESS (If rural, give location) <b>604 WORCESTER</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>CHARLES</b>	b. (Middle) <b>IRVIN</b>	c. (Last) <b>REEVES</b>	<b>1-12-54</b>		
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>M</b>	<b>8. DATE OF BIRTH</b> <b>5-5-1889</b>		<b>9. AGE</b> (In years last birthday) <b>64</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>X X</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>IOWA</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>

<b>13a. FATHER'S NAME</b> <b>J E REEVES</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>UNK</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>EDITH K. REEVES</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>X X</b>	<b>16. SOCIAL SECURITY NO.</b> <b>YES</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>EDITH REEVES, WEST PLAINS, MO</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma of Liver</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>1561</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 8 Jan, 1954, to 12 Jan, 1954, that I last saw the deceased alive on 10 Jan, 1954, and that death occurred at 8:40 Am., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	<b>23b. ADDRESS</b> <b>West Plains, Mo</b>	<b>23c. DATE SIGNED</b> <b>29-1-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>B</b>	<b>24b. DATE</b> <b>1-21-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>OAK LAWN</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>WEST PLAINS, MO</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>2-12-54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>ROBERTSONS, WEST PLAINS, MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 4 1963

**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

*H. Roberts*

Licensed Embalmer No. *3487*

P. O. Address *West Ham*

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.