No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22738

BIRTH NO. 87223-53 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 682

**1. PLACE OF DEATH**
a. COUNTY: Greene Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield Mo.
c. LENGTH OF STAY (In this place): 15 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LAWRENCE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. VERNON
d. STREET ADDRESS (If rural, give location): 631 So. McCANSE

3. NAME OF DECEASED (Type or Print): a. (First) JESSIE b. (Middle) JUNIOR c. (Last) REEVES
4. DATE OF DEATH (Month) (Day) (Year): July 15 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: DEC 27 1953
9. AGE (In years last birthday): If under 1 year: Months 6; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): KENNETT MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: JESSIE DAVID REEVES
13b. MOTHER'S MAIDEN NAME: ELLA MAE FLETCHER
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: JESSIE DAVID REEVES ADDRESS: MT. VERNON Mo

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) acute Gastritis — 2 days
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: 543X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 13, 1954, *to* July 15, 1954, *that I last saw the deceased alive on* July 15, 1954, *and that death occurred at* 5-15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R R Holmes (Degree or title) M.D. 23b. ADDRESS: Mt Vernon Mo 23c. DATE SIGNED: 7-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JULY 15 1954
24c. NAME OF CEMETERY OR CREMATORY: SENATH CEMETERY
24d. LOCATION (City, town, or county) (State): SENATH Mo.
DATE REC'D BY LOCAL REG.: 7-17-54
REGISTRAR'S SIGNATURE: Earl Williams
25. FUNERAL DIRECTOR'S SIGNATURE: W.D. Jossett ADDRESS: Mt Vernon Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

## 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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed H. D. Fossett

Signed.....
Student Embalmer

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon, T

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.