

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED FEB 14 1955

BIRTH NO. ....		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>LAWRENCE</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>LAWRENCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 E Church 1</u>		c. LENGTH OF STAY (in this place) .....		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora, Mo. 0551</u>		d. STREET ADDRESS (If rural, give location) <u>308 E. Church St. 0</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>MAUDE</u>		b. (Middle) .....		c. (Last) <u>REEVES</u>		6. DATE OF BIRTH	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 2-1880</u>		9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>Pittsburg PENN 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John S ISETT</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Adam</u>	
14. NAME OF HUSBAND OR WIFE <u>Donald REEVES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald Reeves</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarissinematosis</u>		ANTECEDENT CAUSES <u>Privity - uterus -</u>				1 year.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Senile Rheumatoid Arthritis</u>				10 years	
DUE TO (c) .....		II. OTHER SIGNIFICANT CONDITIONS <u>Senile Rheumatoid Arthritis</u>				10 years	
21. OTHER SIGNIFICANT CONDITIONS		21a. DATE OF OPERATION				21b. MAJOR FINDINGS OF OPERATION	
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. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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? <u>174X</u>			
22. I hereby certify that I attended the deceased from <u>Jan-30</u> , 19 <u>55</u> , to <u>Feb-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb-2</u> , 19 <u>55</u> , and that death occurred at <u>9:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A.P. Coyle</u>			23b. ADDRESS <u>0 M.O. Aurora, Mo.</u>			23c. DATE SIGNED <u>2-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Lord</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-5-1955</u>		REGISTRAR'S SIGNATURE <u>Ora Ma Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul L. Marsh</u>		ADDRESS <u>Aurora, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 1955

**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 \_\_\_\_\_

*Myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Oscar Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Amos, MD*

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.