

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 543 2

7774

State File No.

FILED MAR 29 1955

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4486 Registrar's No. 18

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY FRANKLIN	a. STATE MO	b. COUNTY FRANKLIN	b. COUNTY admission).
b. CITY (If outside corporate limits, write RURAL and give town) SULLIVAN	c. LENGTH OF STAY (In this place) 9 YRS	c. CITY (If outside corporate limits, write RURAL and give township) SULLIVAN	c. CITY (If outside corporate limits, write RURAL and give township) 0360
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. I	d. STREET ADDRESS (If rural, give location) R.R. I		

3. NAME OF DECEASED (Type or Print)	a. (First) BENJAMIN	b. (Middle) FRANKLIN	c. (Last) REEVES	4. DATE OF DEATH (Month) (Day) (Year) MARCH 18 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 18, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE	11. BIRTHPLACE (State or foreign country) LEASBURG MO. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME THOMAS REEVES	13b. MOTHER'S MAIDEN NAME LAURA SMITH	14. NAME OF HUSBAND, OR WIFE PEARL REEVES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 488-05-9430	17. INFORMANT'S SIGNATURE OR NAME Pearl Reeves	ADDRESS Sullivan, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1951, to March 18 1955, that I last saw the deceased alive on March 18, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. de la Riancho	23b. ADDRESS Sullivan, Mo.	23c. DATE SIGNED 3/24/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-21-55	24c. NAME OF CEMETERY OR CREMATORY KINDER CEMETERY	24d. LOCATION (City, town, or county) (State) CUBA MO.
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DATE REC'D BY LOCAL REG. 3/21/55	REGISTRAR'S SIGNATURE Thomas A. Hemphreys	FUNERAL DIRECTOR'S SIGNATURE H. W. Eaton	ADDRESS Sullivan, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
60
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WRITE PLAINLY—USING UNFAADING 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

Byron J. Bell

Student Embalmer No. *509*

working under my personal supervision.

Student *Byron J. Bell*
Student Embalmer

Signed *J. G. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, Mo.*

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.