

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1955

State File No. 11723

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2</u>		d. STREET ADDRESS <u>Rt 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Day Hospital</u>		e. (If rural, give location) <u>0460</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James Arthur</u>	b. (Middle) <u>Rever</u>	c. (Last) <u>Rever</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>James Arthur Rever</u>			<u>4-7-55</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-15-1870</u>	9. AGE (In years last birthday) <u>84</u>	10. MONTHS <u>5</u>	11. DAYS <u>24</u>	12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work or the duration of working life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Howell Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Gas. Rever</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Farmer</u>	14. NAME OF HUSBAND OR WIFE <u>Jabita Rever</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, & rank & grade) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Rever, West Plains Mo</u>	ADDRESS <u>West Plains Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest</u>		
	ANTECEDENT CAUSES Forbid 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. <u>Senility</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Near West Plains</u> (COUNTY) <u>Howell</u> (STATE) <u>Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>4/4/55 8:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
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22. I hereby certify that I attended the deceased from 4/4, 1955, to 4/7, 1955, that I last saw the deceased alive on 4/7, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Callahan</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>West Plains, Missouri</u>	23c. DATE SIGNED <u>4/20/55</u>
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24a. BUFILE, CREMATION, RECORDAL (Specify) <u>18</u>	24b. DATE <u>4-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-27-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 20 1962

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



Licensed Embalmer No. _____

3427

P. O. Address _____

West Haven

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

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