

THE DIVISION OF HEALTH OF MISSOURI 3052
STANDARD CERTIFICATE OF DEATH 3052 State File No. 16205

FILED JUN 6 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>272</u>		PRIMARY REG. DIST. NO. 272		Registrar's No. <u>145</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY OR TOWN <u>Sedalia Rural Cedar</u>		d. STREET ADDRESS (If rural, give location) <u>Six miles, N. E. of Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nellie May</u>		b. (Middle) <u>Hoxie</u>		c. (Last) <u>Reive</u>	
4. DATE OF DEATH		Month <u>May</u>		Day <u>31</u>		Year <u>1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Aug. 9 - 1868</u>	
9. AGE (in years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Worcester Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John C. Hoxie</u>		13b. MOTHER'S MAIDEN NAME <u>Adelaide Welch</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph L. Reive</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Reive</u>		ADDRESS <u>Sedalia</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion with coronary artery</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension & arteriosclerosis</u> DUE TO (c) <u>mental illness & senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>some weeks</u> <u>some yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H2O1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. '19</u> to <u>May 31, 1955</u> , that I last saw the deceased alive on <u>May 30, 1955</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. G. Campbell</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>5/31/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Knobnoster Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/31/55</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

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 James R. Ashen
Licensed Embalmer No. 4930

P. O. Address Sedalia, 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.