

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 1956

State File No. **21456**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **59.32** Registrar's No. **257**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte (Rural) (LaMonte)		c. LENGTH OF STAY (in this place) 8 yrs	c. CITY OR TOWN LaMonte
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) RURAL LaMonte	

3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) (None) c. (Last) Reavis			4. DATE OF DEATH (Month) (Day) (Year) 6 22 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-5-1903	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) LaMonte Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Davis H. Reavis	13b. MOTHER'S MAIDEN NAME Mary E. Pemberton	14. NAME OF HUSBAND OR WIFE Naida Reavis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 510-07-4100	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Naida Reavis LaMonte Mo.

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		INTERVAL BETWEEN ONSET AND DEATH few minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LaMonte, Pettis Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from **June 22 1956**, to **June 22 1956** that I last saw the deceased alive on **June 22 1956** and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. W. Groves M.D. (Degree or title)	23b. ADDRESS Knob Noster Mo	23c. DATE SIGNED June 23 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-24-56	24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery
		24d. LOCATION (City, town, or county) (State) LaMonte Mo.

DATE REC'D BY LOCAL REG. 6-24-56	REGISTRAR'S SIGNATURE L. W. Cooney Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. M. Miller LaMonte Mo.
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WRITE PLAINLY—USING UNFADEING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul M. Moore*

Licensed Embalmer No. *392*

P. O. Address *La Monte*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.