

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27660**

FILED SEP 13 1956

BIRTH NO. **52799-56** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **311**

Dr. Roller

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		e. STREET ADDRESS (If rural, give location) 607 Sycamore	

3. NAME OF DECEASED (Type or Print) a. (First) Gary b. (Middle) Ray c. (Last) Reeves			4. DATE OF DEATH (Month) (Day) (Year) Aug 3 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug 1, 1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hannibal-Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Harold R. Reeves		13b. MOTHER'S MAIDEN NAME Joyce Treaster	

14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Reeves--Hannibal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid 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 7620				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **Aug 1, 1956**, to **Aug 3, 1956**, that I last saw the deceased alive on **Aug 1, 1956**, and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. E. M. Laska		(Degree or title)		23b. ADDRESS Hannibal, Mo.		23c. DATE SIGNED Aug 6 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-4-56		24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Center, Missouri	

DATE REC'D BY LOCAL REG. 8-7-56		REGISTRAR'S SIGNATURE Dr. E. M. Laska		25. FUNERAL DIRECTOR'S SIGNATURE J. M. O'Donnell		ADDRESS Hannibal Mo.	
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RECEIVED SEP 11 1956
MARION CO. HEALTH DEPT.
DATE FILED SEP 11 1956

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..... *W. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, M

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.