

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012969

STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 52

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1-57

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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY VERNON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CEPARK | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA | | c. CITY OR TOWN ELOGRADO SPR'S | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL | | d. STREET ADDRESS (If outside, give location) 206 S. MAIN ST | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MAE REAVLEY | | 4. DATE OF DEATH Month Day Year 3-14-58 | |
| 5. SEX FEM | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MAY 6 1977 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) TOPLIN MO |
| 13a. FATHER'S NAME JAMES MAXWELL | | 13b. MOTHER'S MAIDEN NAME LORA A. BARNES | 14. NAME OF HUSBAND OR WIFE DECEASED |
| 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. NO | 17. INFORMANT Address FAMILY RECORDS. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pericarditis | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture neck rt. femur | | | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall in home | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 2/23/58 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE El Dorado Spring Cedar MO | |
| 21. I attended the deceased from 2/23/58 to 3/14/58 and last saw her alive 3/14/58 Death occurred at 5:40 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Mae Reavley for MD | | 22b. ADDRESS Nevada MO | |
| 22c. DATE SIGNED 3/14/58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 3-17-58 | 23c. NAME OF CEMETERY OR CREMATORY RICH HILL | 23d. LOCATION (City, town, or county) (State) RICH HILL MO |
| 24. FUNERAL DIRECTOR NAFUS - ELOGRADO SPR'S | | 25. DATE RECD. BY LOCAL REG. 3-18-1958 | 26. REGISTRAR'S SIGNATURE Anna J. Ferry |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *George W. Mafes*

Licensed Embalmer No. *2753*

P. O. Address *El Dorado, N.Y.*

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.