Health, & Welfare Public Service

300 3 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-028517
STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 59 Primary Registration District No. 4101 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY OR TOWN RAYMORE Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION SPINGDALE LAKE — Length of stay in Ib —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CASS
c. CITY OR TOWN PLEASANT HILL — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 115 SITTER (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First VERNON Middle LEE Last REEVES

4. DATE OF DEATH: Month Aug. Day 17 Year 1958

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Nov. 10 1940

9. AGE (In years last birthday) 17 — 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) STUDENT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ARCHIE, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DENNIS V. REEVES

13b. MOTHER'S MAIDEN NAME D. VIRGINIA FORTNER

14. NAME OF HUSBAND OR WIFE None

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. 500 40 3319

17. INFORMANT DENNIS V. REEVES Address Pleasant Hill, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) asphyxia — INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) accidental drowning
DUE TO (c) 9294 42
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) accidental drowning

20c. TIME OF INJURY Hour 1:30 p.m. Month, Day, Year 8 17 58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Pool

20f. CITY, TOWN, OR LOCATION BELTON COUNTY CASS STATE MISSOURI

21. I attended the deceased from — to — and last saw her/him alive on —
Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard Jaude (Degree or title) (Coroner Cass Co)

22b. ADDRESS Pleasant Hill, Mo

22c. DATE SIGNED 8/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE Aug. 20-58

23c. NAME OF CEMETERY OR CREMATORY ORIENT Cemetery

23d. LOCATION (City, town, or county) HARRISONVILLE (State) Mo

24. FUNERAL DIRECTOR Atkinson, Dicky ADDRESS Harrisonville, Mo

25. DATE RECD. BY LOCAL REG. Aug. 20, 1958

26. REGISTRAR'S SIGNATURE Doris Barnard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
AUG 25 1958
CASS COUNTY
HEALTH DEPARTMENT

## 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 Robert W Atkinson

Licensed Embalmer No. 4902

P. O. Address Hammond, Ind.

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.