t. Health,
& Welfare
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v. 1–57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59–010288
STATE FILE NUMBER

MAR 30 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): MARYVILLE — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST FRANCIS — Length of stay in Ib: 2 WKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: NODAWAY
c. CITY OR TOWN: BURLINGTON JCT — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: JAMES Middle: WALTER Last: REAVIS

4. DATE OF DEATH: Month: MAR Day: 21 Year: 1959

5. SEX: M

6. COLOR OR RACE: Wh

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: NOV 16, 1865

9. AGE (In years last birthday): 90 — 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): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: SHOE REPAIR

11. BIRTHPLACE (City and state or country): YADKINVILLE, N. CAR

12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: CALVIN REAVIS

13b. MOTHER'S MAIDEN NAME: AMANDA WHITEHEAD

14. NAME OF HUSBAND OR WIFE: MARTHA ESTELLA ROUSE

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.

17. INFORMANT: MRS LELIA MEADOWS Address: MARYVILLE MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 177X

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1958, to March 21, 1959 and last saw her/him alive on March 21, 1959
Death occurred at 1:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD

22b. ADDRESS: Maryville Mo

22c. DATE SIGNED: 3/23/59

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

23b. DATE: 3-23-1959

23c. NAME OF CEMETERY OR CREMATORY: OHLO CEMETERY

23d. LOCATION (City, town, or county) (State): BURLINGTON JCT Mo

24. FUNERAL DIRECTOR: J. R. HAND ADDRESS: BURLINGTON JCT Mo

25. DATE RECD. BY LOCAL REG.: 3-22-59

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 2968

P. O. Address Burl Jct. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.