

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010646

STATE FILE NUMBER

Health,
& Welfare
Public
Service

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 102

S. 300
1-57

1. PLACE OF DEATH
a. COUNTY St. Francois County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4
Length of stay in lb 40yr. 2mo. 27day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. DUNKLIN
c. CITY OR TOWN Kennett
Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) unknown
Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
CLAUDE REEVES
4. DATE OF DEATH Month Day Year
March 9, 1959

5. SEX male c
6. COLOR OR RACE white
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH March 18, 1888
9. AGE (In years last birthday) 70
IF UNDER 1 YEAR Months 11 Day 9
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Dunklin County Missouri c
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME James Warner Reeves
13b. MOTHER'S MAIDEN NAME Freda Myers
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Records State Hospital #4 - Farmington, 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) Carcinomatosis
DUE TO (b) Carcinoma - Head of pancreas
DUE TO (c) Psychosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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 157X
INTERVAL BETWEEN ONSET AND DEATH 6 weeks
unknown

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. none
20d. INJURY OCCURRED WHILE AT 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 December 9, 1958 to March 9, 1959 and last saw ~~him~~ ^{her} alive on 3-9-59
Death occurred at State Hospital #4 - 1:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Brennan, M.D.
22b. ADDRESS State Hospital #4 - Farmington, Mo
22c. DATE SIGNED 3-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-10-59
23c. NAME OF CEMETERY OR CREMATORY Ash Hill Cemetery
23d. LOCATION (City, town, or county) (State) Fisk, Missouri

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Fisk, Missouri
25. DATE RECD. BY LOCAL REG. Mar. 10, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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.

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 *Paul K. [Signature]*

Licensed Embalmer No. 4120
P. O. Address *Harmon, Pa.*

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.