

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016554

STATE FILE NUMBER

FILED APR 23 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 63

Health,
Welfare
Public
Service

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Washington TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Swartz Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hospital 4-2-9 | | d. STREET ADDRESS (If outside, give location) Unknown | |
| 3. NAME OF DECEASED (Type or print) First Charles Middle Last Reeves | | | 4. DATE OF DEATH Month 4 Day 17 Year 1959 |
| 5. SEX Male | 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 12-31-1874 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | 11. BIRTHPLACE (City and state or country) Missouri |
| 13a. FATHER'S NAME James Reeves | | 13b. MOTHER'S MAIDEN NAME Redmond | 14. NAME OF HUSBAND OR WIFE Unknown |
| 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. Unknown | 17. INFORMANT Address Adm Papers |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease Athermatous Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senil Dementia | | | INTERVAL BETWEEN ONSET AND DEATH Years Yrs, |
| 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | 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 8-8-1955 to 4-15-1959 and last saw him/her alive on 4-17-1959 Death occurred at 4-25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Allen Pickens, M.D. (Degree or title) | | 22b. ADDRESS Nevada, Mo. | 22c. DATE SIGNED 4-17-1959 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 4-17-1959 | 23c. NAME OF CEMETERY OR CREMATORY Clarksburg Cemetery | 23d. LOCATION (City, town, or county) (State) Garland, Kansas, Bourbon co |
| 24. FUNERAL DIRECTOR ADDRESS C. E. Huffine Garkand, Ks. | | 25. DATE RECD. BY LOCAL REG. 4-17-59 | 26. REGISTRAR'S SIGNATURE Anna E. Perry |

C. E. Huffine Garkand, Ks. (Licensed Embalmer's Statement on Reverse Side)

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 *C. E. Huffine*
C. E. Huffine,
Licensed Embalmer No...2030.....

P. O. Address.....Garland, Kansas

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.