

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031787

STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. \_\_\_\_\_

FILED SEP 4 1963

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sullivan</b>		c. CITY OR TOWN <b>Sullivan</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sullivan Comm. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Box 6</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>John (Jack) T. Reeves</b>		4. DATE OF DEATH Month Day Year <b>Aug. 30, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/18/1904</b>
9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labourer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Various</b>	
11. BIRTHPLACE (City and state or country) <b>Batchtown, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Reeves</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Mulligan</b>	
14. NAME OF HUSBAND OR WIFE <b>Dorothy Rubel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <b>Dorothy Reeves, Sullivan, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrus of liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <b>4/14/59</b> to <b>8/30/63</b> and last saw him alive on <b>8/30/63</b> Death occurred at <b>11:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John J. de la Torre</i>		22b. ADDRESS <b>26 W Main</b>	
22c. DATE SIGNED <b>8/30/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/2/1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Anthony Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Sullivan, Mo</b>	
24. FUNERAL DIRECTOR <b>H.M. Eaton, Sullivan, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9/1/63</b>	
26. REGISTRAR'S SIGNATURE <i>Sarah Stinson</i>		acting Registrar	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0281

2 1100

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