

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16095**
163180

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 7</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 533</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>3624 THE PASEO</u>				d. STREET ADDRESS (If rural, give location) <u>3624 THE PASEO 80</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u>		b. (Middle) <u>LEROY</u>		c. (Last) <u>REASOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-16-1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT-25-1898</u>	
9. AGE (In years last birthday) <u>50</u>		# UNDER 1 YEAR Months <u>12</u> Days <u>21</u>		# UNDER 2 MRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEAT CUTTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAFEGWAY GROCERY CO</u>		11. BIRTHPLACE (State or foreign country) <u>EDNA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS A REASOR</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE GRAHAM</u>		14. NAME OF HUSBAND OR WIFE <u>MILDRED M. REASOR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>510-05-1592</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MILDRED M. REASOR</u>		ADDRESS <u>3624 THE PASEO KANSAS CITY MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis left leg</u>					
		DUE TO (c) <u>454X</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Pancreas Metastatic to liver</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Pathologist</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:20P</u> on _____, from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. H. Schmidt</u> (Degree or title)				23b. ADDRESS <u>St. Luke Hospital</u>		23c. DATE SIGNED <u>17 May 1949</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <u>MAY-19-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL LAWN CEM. PARSONS KANSAS</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>5-18-49</u>		REGISTRAR'S SIGNATURE <u>Gerardine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

DOYLE L. DANIEL Student Embalmer No. 248

working under my personal supervision.

Student Doyle L. Daniel Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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 this body is not embalmed, fact should be so stated above.