

FILED MAY 26 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16921**  
Registrar's No. **2139**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>20 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>State Hotel, 12th &amp; Wyandotte</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Research Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Eleanor</b>		a. (First)	b. (Middle)	c. (Last) <b>Reel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 7, 1950</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>Aug. 9, 1887</b>	9. AGE (In years last birthday) <b>62</b>	% UNDER 1 YEAR Months	% UNDER 1 YEAR Days	% UNDER 1 YEAR Hours	% UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mangel's of Mo., Inc.</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>John L. Reel</b>		13b. MOTHER'S MAIDEN NAME <b>Mary L. Brown</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-07-4979</b>		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS <b>Mrs. Lillian Scanlan, 3436 1/2 Broadway, K.C.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Chr. Pulmonary Fibrosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Pneumonitis</b>		<b>52 3/4</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		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 8-11, 1949, to 5/7, 1950, that I last saw the deceased alive on 5/6, 1950 and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. O. Trippe</b> (Degree or title) <b>H. O. Trippe M.D.</b>		23b. ADDRESS <b>1014 Angyle</b>		23c. DATE SIGNED <b>5/9/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5-8-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>			

DATE REC'D BY LOCAL REG. <b>5-9-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed... *L. J. Allen*

Licensed Embalmer No. *145*

P. O. Address *K. E. M.*

**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.