

300
FILED DEC 2 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37388

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 196		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) Prairie		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) Sugar Creek		0481		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Em. Hospital				d. STREET ADDRESS (If rural, give location) 10439 Chicago				
3. NAME OF DECEASED (Type or Print) a. (First) Matthew			b. (Middle) W.		c. (Last) Reed		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 12, 1869		9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Retired		10b. KIND OF BUSINESS OR INDUSTRY Building trade		11. BIRTHPLACE (State or foreign country) Hickory, Penn/		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Maude D. Reed (deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Juva Faith, Kansas City, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 10 days	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart disease from gastro-intestinal tract.</i>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Probable thrombosis of mesenteric vessels.</i>							
	DUE TO (c)							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						578X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <i>11-6-50</i> , 19 <i>50</i> to <i>11-12-50</i> , that I last saw the deceased alive on <i>11-12-50</i> , and that death occurred at <i>1:30P</i> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>John C. Kammerschein M.D.</i>				23b. ADDRESS <i>Independence Mo.</i>		23c. DATE SIGNED <i>13 Nov 1950</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. Nov. 13, 1950		REGISTRAR'S SIGNATURE <i>Donald C. Embury</i>		378 FUNERAL DIRECTOR'S SIGNATURE <i>Geob. Carson</i>		ADDRESS Independence, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 1950

DEC 6 1950

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
Student Embalmer

Signed

R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address

Independence, 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.