

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8764

State File No. 1017
Registrar's No. 1017

BIRTH NO. 15250-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Conley Maternity Hospital		d. STREET ADDRESS (If rural, give location) 1009 E. 11th St.	

3. NAME OF DECEASED (Type or Print) a. (First) No b. (Middle) Name c. (Last) Reinert			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED (Specify) NEVER MARRIED WIDOWED	
8. DATE OF BIRTH Feb. 14, 1951		9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Months 1 Days 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Clayton Reinert		13b. MOTHER'S MAIDEN NAME Dorothy Darlene Cummings		14. NAME OF HUSBAND OR WIFE ---	
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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'S SIGNATURE OR NAME ADDRESS Darlene Reinert, Bliss Apts. 11th & Harri.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis				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) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7622				

19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION ---				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 Feb. 14, 1951, to Feb. 15, 1951, that I last saw the deceased alive on Feb. 15, 1951, and that death occurred at 12:00 Noon on the causes and on the date stated above.

23a. SIGNATURE (Name or title) Luther W. Swift		23b. ADDRESS 2105 Indep. Ave		23c. DATE SIGNED 3/5/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 2-17-51		24c. NAME OF CEMETERY OR CREMATORY K.C.C.O.S. Path. Lab.		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 3-7-51		REGISTRAR'S SIGNATURE Beraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Conley Hosp. K-C. Mo.	
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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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.