

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33789

State File No.

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4213

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| 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</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY rural</u> | |
| c. LENGTH OF STAY (in this place) <u>47 weeks</u> | | d. STREET ADDRESS (If rural, give location) <u>3719 Delridge Road</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>WILLIAM</u> | b. (Middle) <u>EDWARD</u> | c. (Last) <u>REED</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1 1951</u> |
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| 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>10-24-1903</u> | 9. AGE (In years last birthday) <u>47</u> | if UNDER 1 YEAR Months Days | if UNDER 4 HRS. Hours Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Distribution Mgr</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>7 N.Y.C. STAY</u> | 11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>ALPHA REED</u> | 13b. MOTHER'S MAIDEN NAME <u>FRANCIS V BARTON</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS GLADYS REED</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>487-03-8552</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS Gladys Reed 3719 Delridge Road</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor (glioblastoma)</u> | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | <u>3 mos.</u> |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>1934</u> |

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| 19a. DATE OF OPERATION <u>Aug 10, 1951</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Brain tumor infiltrating lt. hemisphere</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Aug 8, 1951, to Oct 1, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Revis C. Lewis</u> M.D. (Degree or title) | 23b. ADDRESS <u>221 Plaza Time Building Kansas City, Mo.</u> | 23c. DATE SIGNED <u>Oct 2/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>10-3-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u> | 24d. LOCATION (City, town, or county) (State) <u>K.C. Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>10-3-51</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.H. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.</u> |
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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.....
Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K: C 4 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.