

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20644

State File No.

JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2836

4

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

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 KELLY NURSING HOME		d. STREET ADDRESS (If rural, give location) 504 BENTON	
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) LOUISE c. (Last) REED		4. DATE OF DEATH (Month) (Day) (Year) 6 - 18 - 52	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Feb. 14, 1863
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	11. BIRTHPLACE (City and State or Foreign Country) OHIO
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE SHAWALTER		13b. MOTHER'S MAIDEN NAME ADELAIDE	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 199-00-8146D	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROY REECE * 3408 VIRGINIA
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>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
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 <u>June 11, 1952</u> , to <u>June 18, 1952</u> , that I last saw the deceased alive on <u>June 17, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul A. Johnson</u> (Degree or title) <u>Paul A. Johnson M.D.</u>		23b. ADDRESS <u>3011A. Indep. Ave.</u>	23c. DATE SIGNED <u>6/20/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE <u>6-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
DATE RECD BY LOCAL REG. <u>6-21-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stine McClure Kansas city, Mo.</u>	

SEP 18 1952

3511 R (Ink)
12949
F...
H...
J...

RECEIVED

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 J. D. Walton

Licensed Embalmer No. 2744

P. O. Address K C 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.