

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28253

State File No.

3497

REC'D AUG 15 1952

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

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</u>	
c. LENGTH OF STAY (in this place) <u>50 Y.</u>		d. STREET ADDRESS (If rural, give location) <u>5708 FOREST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5708 FOREST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>	b. (Middle) <u>TURNER</u>	c. (Last) <u>REID</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 3 1952</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>WIDOWED</u>	8. DATE OF BIRTH <u>9 AUGUST 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MCECHANICAL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CASS COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES REID</u>	13b. MOTHER'S MAIDEN NAME <u>MILDRED TURNER</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK G. REID</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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F. REID</u>	ADDRESS <u>5708 FOREST K.C., MO.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart</u>		
	DUE TO (c) <u>arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (m.)	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 29, 1951, to Aug 3, 1952, that I last saw the deceased alive on Nov 19, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Paul Wright</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1324 Prof. Hall</u>	23c. DATE SIGNED <u>Aug 4, 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5 AUGUST 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-4-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FLORAL HILLS MEMORIAL CHAPELS KC., MO.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Pro R. M. Dr. W. C. 1324

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 *Lloyd C. McLeod*

Licensed Embalmer No. *4853*

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.