

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28827

State File No.

FILED SEP 11 1953

4076

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>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>non resident</u>		d. STREET ADDRESS (If rural, give location) <u>336 S. Valley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>82nd + Brookside Rd</u>		e. STREET ADDRESS (If rural, give location) <u>336 S. Valley</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle) <u>H</u>	c. (Last) <u>Reynolds</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-14-1953</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>5-24-1915</u>	9. AGE (In years last birthday) <u>38</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>Foreman (Kobon)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Const.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LaCygne, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benjamin F. Reynolds</u>	13b. MOTHER'S MAIDEN NAME <u>Momie Carpenter</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Reynolds</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or on/after) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>512-09-3646</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Margaret Reynolds</u>	ADDRESS <u>336 S. Valley</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic heart disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title)	23b. ADDRESS <u>4050 Broadway New</u>	23c. DATE SIGNED <u>8-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>	24b. DATE <u>8-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City KS</u>
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DATE REC'D BY LOCAL REG. <u>8-17-53</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Katie Daniels Parish</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Russell N. Fran

Licensed Embalmer No. 4255

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.