

10004

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 32

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 OR TOWN GRANDVIEW		c. CITY OR TOWN GRANDVIEW	
c. LENGTH OF STAY (in this place) 3mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION GRANDVIEW RESTORIAN		e. STREET ADDRESS (If rural, give location) 13170 South 4th	

3. NAME OF DECEASED (Type or Print) FRANCES V. REED			4. DATE OF DEATH (Month) (Day) (Year) JUNE 8 1954		
a. (First)		b. (Middle)	c. (Last)		

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH July 2 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
---------------	------------------------	--	------------------------------	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) STAMPAKE, IOWA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
---	--	-----------------------------------	--	---	--	------------------------------------	--

13a. FATHER'S NAME JACOB L. BARTON		13b. MOTHER'S MAIDEN NAME Elizabeth ROBINSON		14. NAME OF HUSBAND OR WIFE Alpha T. REED	
------------------------------------	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 486-01-94220	17. INFORMANT'S SIGNATURE OR NAME LESTER REED		ADDRESS 13120 S. 4th GRANDVIEW, MO.	
--	--------------------------------------	---	--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Insufficiency with severe edema of abdomen hips, thighs & legs. DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	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 Nov 12, 1953, to June 8, 1954, that I last saw the deceased alive on June 8, 1954, and that death occurred at 4:05 PM, from the causes and on the date stated above.

23a. SIGNATURE Sam W. Hooper, M.D.		(Degree or title)		23b. ADDRESS Grandview, Mo.		23c. DATE SIGNED June 9, 1954	
------------------------------------	--	-------------------	--	-----------------------------	--	-------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 10, 1954	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
--	-------------------------	--	--	--

DATE REC'D BY LOCAL REG. 6/9/54	REGISTRAR'S SIGNATURE [Signature]	4980	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SON'S	ADDRESS 1331 BRUSH CREEK
---------------------------------	-----------------------------------	------	--	--------------------------

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard L. Rogers

Licensed Embalmer No.
49

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.