

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

27633

BIRTH NO. 53303-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3497

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 township) <u>Kansas City</u> c. LENGTH OF STAY (in city, place or township) <u>5 days</u>		c. CITY OR TOWN <u>X Hickman Mills</u> <input type="checkbox"/> <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> (If residence within limits of a city or incorporated town?)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>118th X Prospect 70001</u>	
3. NAME OF DECEASED (First) <u>Sinda</u> (Middle) <u>Louise</u> (Last) <u>Reed</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>18</u> (Year) <u>54</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 17, 1904</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>49</u> <input type="checkbox"/> UNDER 1 YEAR <u>25</u> <input type="checkbox"/> UNDER 1 MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Arthur Reed</u> 13b. MOTHER'S MAIDEN NAME <u>Fern Osborne</u> 14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Reed</u> ADDRESS <u>Hickman Mills Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH (MEDICAL CERTIFICATION) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature newborn</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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>770 h</u>	
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) m.		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>7/17</u> , 19 <u>54</u> to <u>7/18</u> , 19 <u>54</u> that I last saw the deceased alive on <u>7/17</u> , 19 <u>54</u> and that death occurred at <u>6:40 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Sam D. Hooper MD</u> (Degree or title)		23b. ADDRESS <u>Madison Mo.</u> 23c. DATE SIGNED <u>7/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/19/54</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cem.</u> 24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-19-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> FUNERAL DIRECTOR'S SIGNATURE <u>Est George Sosadic</u> ADDRESS <u>Belton Mo.</u>	

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.....  
Signature of Student Embalmer

Signed.....  
*Sterling E. Gossett*

Licensed Embalmer No. *491*

P. O. Address *Grand*

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.