

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34103

4518

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4518</u>									
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 OR TOWN <u>Kansas City</u> )		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>St. Luke's Hospital</u>				STREET ADDRESS <u>23 5740 McGee</u>		(If rural, give location) <u>2828</u>									
3. NAME OF DECEASED (Type or Print) <u>LLEWELLYN</u>			a. (First)		b. (Middle)		c. (Last) <u>REESE</u>								
4. DATE OF DEATH <u>Sept. 23, 1954</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 28, 1881</u>		9. AGE (In years last birthday) <u>72</u>								
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard - Machine Products Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>							
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Reese</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Bessie B. Reese</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>486-05-7529</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mr. R.L. Reese</u>			ADDRESS <u>5740 McGee, KC Mo.</u>						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma</u>  ANTECEDENT CAUSES <u>non traumatic</u>  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>  <u>331X</u> <u>- 5 years</u> <u>- 11 mos.</u>						
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Atherosclerosis - general type - by nephrosis</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>12-12</u> , 19 <u>53</u> , to <u>9-23</u> , 19 <u>54</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>9-23</u> , 19 <u>54</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>P.L. Byers</u>				(Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4635 Wyandotte, K.C. 12, Mo.</u>				23c. DATE SIGNED <u>9/23/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>9/23/54</u>			24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) <u>Chanute, Ks.</u>						
DATE REC'D BY LOCAL REG. <u>9-24-54</u>			REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE</u>			ADDRESS <u>Kansas City, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Philip P. Papp  
24635 Wyandotte  
Suite 103

SET

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 J. T. Crowell.....

Licensed Embalmer No. 490  
P. O. Address K. P. W.

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.