

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41166

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5817

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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 38 YRS	c. CITY OR TOWN KANSAS CITY	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 1828 NEWTON		STREET ADDRESS (If rural, give location) 1828 NEWTON 3210	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) REED		c. (Last) REED		4. DATE OF DEATH (Month) (Day) (Year) 12 16 54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-11-1900		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY OLD AMERICA ROOFING CO.		11. BIRTHPLACE (City and State or Foreign Country) NEW YORK CITY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME NO RECORD		13b. MOTHER'S MAIDEN NAME NO RECORD		14. NAME OF HUSBAND OR WIFE MYRTLE REED	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WWII	16. SOCIAL SECURITY NO. 490-30-4125	17. INFORMANT'S SIGNATURE OR NAME Myrtle Reed		ADDRESS 1828-Newton K.C. Mo	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above-cause (a) stating the underlying cause last.		DUE TO (b) Prostatic Cancer		2 yrs	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		177h	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1-1-54, 19, to 12-16-54, 19, that I last saw the deceased alive on 12-16, 1954, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Laurenzana (Degree or title) D		23b. ADDRESS 428 South White Ave		23c. DATE SIGNED 12-16-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-18-54	24c. NAME OF CEMETERY OR CREMATORIUM MT. WASHINGTON CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
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DATE REC'D BY LOCAL REG. 12-20-54	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Schell Funeral Home		ADDRESS H.C. Mo	
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WRITE PLAINLY—USING UNFADEING 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..... *Thomas G. Shit*

Licensed Embalmer No. *495*

P. O. Address *X.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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