

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 15581  
2089

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY, MO.</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>		c. CITY OR TOWN <b>Leawood</b>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>9700 High Dr. 8158</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>			b. (Middle) <b>W.</b>		c. (Last) <b>Redding</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>		8. DATE OF BIRTH <b>Nov. 29, 1865</b>		9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 WRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Flushing, Long Island, N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Wm. Foster Redding</b>			13b. MOTHER'S MAIDEN NAME <b>Emily Hurstall</b>		14. NAME OF HUSBAND OR WIFE <b>Elma Smith Redding</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>Spanish American none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>A.H. Redding, 9700 High Dr., Leawood, Ks.</b>					
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) <b>Acute Intestinal Obstruction</b>				ANTECEDENT CAUSES DUE TO (b) <b>(Small bowel) Peritoneal adhesions</b>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Benign hypertrophy of prostate</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>8705</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) 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 <b>Pathologist</b> , 19____, that I last saw the deceased alive on 19____, and that death occurred at <b>8 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>David M. Gibson</b> (Degree or title) <b>D</b>				23b. ADDRESS <b>St. Luke's Hospital 1cs. Mo.</b>		23c. DATE SIGNED <b>5/13/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-14-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Moravian Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Staten Island, New York</b>			
DATE REC'D BY LOCAL REG. <b>5-13-55</b>		REGISTRAR'S SIGNATURE <b>Neval Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO. K.C.MO.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 6 1968

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 *Robert J. Beyer*.....

Licensed Embalmer No. *48*

P. O. Address *Ames 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.