

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18908

State File No. _____

FILED JUN 16 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2193</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 township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>28 days</u>		c. CITY OR TOWN <u>Independence, Mo.</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>Research Hospital</u>				STREET ADDRESS (If rural, give location) <u>705 No. Rogers</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>M.</u> c. (Last) <u>Reagin Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 55</u>				
5. SEX <u>D</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 9 1923</u>		9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAFETY ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MFG. Steele Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PULOSKI TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>ANDREW M REAGIN Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>LESSIE REEDER</u>		14. NAME OF HUSBAND OR WIFE <u>EDITH REAGIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES</u> <u>WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>500-14-1188</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDITH REAGIN 705-N ROGERS</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glioblastoma, nt cerebrum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>193X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 mos.</u>	
19a. DATE OF OPERATION <u>Aug. 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Glioblastoma, nt basal ganglion area</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) (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>Aug</u> , 19 <u>54</u> , to <u>May 19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 18</u> , 19 <u>55</u> , and that death occurred at <u>7:30A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Revis C. Lewis</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>411 Nichols Rd., K.C., Mo.</u>		23c. DATE SIGNED <u>May 20 55</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/21/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MO.</u>		
DATE REC'D BY LOCAL REG. <u>5-20-55</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</u>		25 FUNERAL DIRECTOR'S SIGNATURE <u>Wilton J. Kesley</u>		ADDRESS <u>Indep. Mo.</u>	

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 *Wilton S. Kenley*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.