

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 - 1955

State File No. **18914**
2651

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____							
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>Barton</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>2 weeks</u>		c. CITY OR TOWN <u>Lamar</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>General Hospital No. 1</u>				e. STREET ADDRESS (If rural, give location) <u>1701 S. Gulf St. 0061</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>Ann</u>		c. (Last) <u>Reymund</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 21 1955</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Dec. 8, 1872</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Louis Reymund</u>				13b. MOTHER'S MAIDEN NAME <u>Barbara Albeissey</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 ADDRESS <u>Miss Gertrude Williams, Jefferson City, Mo</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left hip</u></p>										<u>42</u>	
		<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u></p> <p>DUE TO (c)</p>											
		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left hip</u></p>											
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Above address</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, Missouri</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 30 55</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped and fell</u>									
22. I hereby certify that I attended the deceased from <u>May 30</u> , 19 <u>55</u> , to <u>June 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 21</u> , 19 <u>55</u> , and that death occurred at <u>11:15 A.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>B.I. Burns, M.D.</u>						23b. ADDRESS <u>24th & Cherry</u>				23c. DATE SIGNED <u>6-21-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-21-1955</u>		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) <u>Lamar Missouri</u>					
DATE REC'D BY LOCAL REG. <u>6-21-55</u>		REGISTRAR'S SIGNATURE <u>Neva Mitchell</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u> <u>K.C. 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 *Russell N. Fran*

Licensed Embalmer No. *42*

P. O. Address *K.C.*

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.