

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20682

STATE FILE NUMBER

2553

FILED JUL 6 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DOUGLAS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BALDWIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL VETERANS ADMINISTRATION		Length of stay in lb 121 days	d. STREET ADDRESS Rural Route 2.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) HOSPITAL RUSSELL First Middle Last			4. DATE OF DEATH Month Day Year June 10, 1956		
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1897	9. AGE (In years last birthday) 58-28 IF UNDER 1 YEAR Months Days Hours Min.	
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) PIPE FITTER		10b. KIND OF BUSINESS OR INDUSTRY Hercules Powder Co.		11. BIRTHPLACE (City and state or country) BENTONVILLE, ARK.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME LEVI B. REED		
14. MOTHER'S MAIDEN NAME THEODOSIA OWENBEY			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		
16. SOCIAL SECURITY NO. 500-12-8581			17. INFORMANT Official Records VA Hospital, K.C., Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hodgkins Disease with involvement of liver, kidneys G.I. tract and abdominal cavity DUE TO (c) Thrombosis of inferior vena cava					201X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Atelectasis of lung, bilateral					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 2-10-56 to 6-10-56 Death occurred at 7:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Eugene C. Hwa (Degree or title) Eugene C. Hwa M.D.			22b. ADDRESS VA Hospital, K.C., Mo.		22c. DATE SIGNED 6-10-56
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
BURIAL		JUNE 10 1956		BALDWIN KANSAS	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS Kansas City Mo			25. DATE RECD. BY LOCAL REG. 6-10-56		26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.

MS
FEB 1 1961

VS AUG 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *CHESTER K. BRO.*

Licensed Embalmer No. *4*

P. O. Address *KC*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING.
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.