

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1956

27110  
State File No. 3383  
Registrar's No.

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>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City 20</b>		c. LENGTH OF STAY (in this place) <b>20Yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>General #2</b>				e. STREET ADDRESS (If rural, give location) <b>41 1516 E. 24th 3418</b>			
3. NAME OF DECEASED (Type or Print) <b>Dorothy</b>		a. (First)		b. (Middle)		c. (Last) <b>Reid</b>	
4. DATE OF DEATH <b>July 31, 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro 3</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	
8. DATE OF BIRTH <b>August 8, 1923</b>		9. AGE (In years last birthday) <b>32</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beautician</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Little Rock, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Leslie Hoover St.</b>		13b. MOTHER'S MAIDEN NAME <b>Dinah Winkler</b>		14. NAME OF HUSBAND/OR WIFE <b>Oliver Reid</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Dinah Lewis, mother 1516 E. 24th</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock</b>  ANTECEDENT CAUSES DUE TO (b) <b>Uterine Hemorrhage</b> DUE TO (c) <b>Hyperplastic Endometrium (see memo.)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Delirium tremens. Chronic alcoholism.</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>2 h</b>	
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)		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) (Min.)		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>7-30-56</b> , 19___, to <b>7-31-56</b> , 19___, that I last saw the deceased alive on <b>7-31-56</b> , 19___, and that death occurred at <b>6:00 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W.R. Peterson</b> (Degree or title)				23b. ADDRESS <b>600 East 22nd St.</b>		23c. DATE SIGNED <b>8-2-56</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>Burial</b>		24b. DATE <b>8-4-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-3-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Manlove &amp; Williams 1729 Lydia.</b>			

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

20003, 7533

**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 *JJ. Maulona*.....

Licensed Embalmer No. 3994

P. O. Address 3712 E 30

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.