

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41689

STATE FILE NUMBER

5212

 Registration District No. 149 Primary Registration District No. 100K Registrar's No. 5212

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1427 Garfield		Length of stay in hospital 15 yrs.	d. STREET ADDRESS 2320 Montgall		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALBERT Middle REYNOLDS Last REYNOLDS			4. DATE OF DEATH Nov. 27, 1956 Month Nov. Day 27 Year 1956		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 26, 1893	9. AGE (In years last birthday) 62 yrs.	IF UNDER 1 YEAR Months 62 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Ripley, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Loke Reynolds			14. MOTHER'S MAIDEN NAME Annie Royster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 511-14-1915	17. INFORMANT Annie Jones 2320 Montgall Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Cardiovascular Disorder DUE TO (c) Aterial Hypertension					INTERVAL BETWEEN ONSET AND DEATH a few hours 4-5 Several Yrs 443X ???
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bronchial Asthma With Bronchiectasis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) None			
20c. TIME OF INJURY Hour None Month None Day None Year None a. m. None p. m. None		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION None		20g. COUNTY None STATE None	
21. I attended the deceased from April 5, 1954 November 27, 1956 and last saw her alive on 11-24-56 Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George H. Taft, M.D.			22b. ADDRESS 2204 E. 18th St.		22c. DATE SIGNED 11/30/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 12/1/56	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR WATKINS BROS. FN. HM. 18th & Benton		ADDRESS 12-1-56	25. DATE RECD. BY LOCAL REG. 12-1-56		26. REGISTRAR'S SIGNATURE New Marshall

George H. Taft

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*

Licensed Embalmer No

P. O. Address *18th*

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.