

Health, Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John F. McDonnell

FILED MAR 26 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
1113

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) K. CITY		a. STATE Del Kansas		b. COUNTY Johnson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in lb 2 MONTHS		c. CITY OR TOWN KEA. WOOD		d. STREET ADDRESS 2500 W. 91ST ST.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First Leslie		Middle DONALD		Last Reid		3 - 7 - 57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 2-5-09	9. AGE (In years last birthday) 48	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADMINISTRATOR		11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADMINISTRATOR		10b. KIND OF BUSINESS OR INDUSTRY ST. LUKE'S HOSPITAL		11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE C. REID				14. MOTHER'S MAIDEN NAME ANNA LOFGREN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 320-01-9109		17. INFORMANT Mrs. DOROTHY V. REID 2600 WEST 91ST STREET LEAWOOD, KANSAS			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Suppurative Bronchopneumonia DUE TO (b) Marfan Malnutrition and emaciation DUE TO (c) Extensive Carcinoma of the Stomach. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Wide spread peritoneal and intestinal metastases							INTERVAL BETWEEN ONSET AND DEATH 151X
20a. ACCIDENT <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20c. TIME OF INJURY Hour Month, Day, Year 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. I attended the deceased from 12-29-56, to 3-7-57 and last saw her alive on 3-7-57 Death occurred at 11:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John F. McDonnell, M.D.				22b. ADDRESS 315 Nichols Road Kansas City, Missouri		22c. DATE SIGNED 7 March 57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE MARCH 9 1957		23c. NAME OF CEMETERY OR CREMATORY RIDGEWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) CHICAGO ILLINOIS	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS 1331-BRUSH CREEK KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 3-9-57		26. REGISTRAR'S SIGNATURE Reva Marshall	

Nov 1, 1932

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 *Basil V. Honey*

Licensed Embalmer No. *47*

P. O. Address *N.C., 9*

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.