

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31196**

FILED SEP 16 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>CLAY</b> c. CITY OR TOWN <b>North Kansas City</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Smithville</b>	c. LENGTH OF STAY (In this place) <b>2 DAYS</b>	c. CITY OR TOWN <b>North Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smithville Hosp</b>		STREET ADDRESS (If rural, give location) <b>831 E. 23rd Ave.</b>	
3. NAME OF DECEASED a. (First) <b>HARRY</b> b. (Middle) <b>Eby</b> c. (Last) <b>Reece</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 2 1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG 12 1885</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. Mch. OP. STD. Steel</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>LATHROP, MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Thomas Reece</b>	
13b. MOTHER'S MAIDEN NAME <b>Alice Eby</b>		14. NAME OF HUSBAND OR WIFE <b>CARRIE Reece</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. <b>496-10-6289</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>CARRIE Reece</b>		ADDRESS <b>831 E 23rd Ave</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b> ANTECEDENT CAUSES DUE TO (b) <b>Atherosclerotic Heart Disease</b> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>		6 yrs.	
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) _____	4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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>Aug 25</b> , 1957, to <b>SEPT 2</b> , 1957, that I last saw the deceased alive on <b>SEPT 2</b> , 1957, and that death occurred at <b>3:30 am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Clair R. Chiles M.D.</b>		23b. ADDRESS <b>Smithville, Mo</b>	23c. DATE SIGNED <b>9/3/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT 4-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>CLAY Co. MO.</b>
DATE REC'D BY LOCAL REG. <b>9-3-57</b>	REGISTRAR'S SIGNATURE <b>Marguerite Judson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Newcomer S.W. N. K.C. Mo.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1957

SEP 18 1957

MAY 9 1958



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 *John M. Kalsbeek*

Licensed Embalmer No. *494*  
P. O. Address *No. Kansas*

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.