

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

32124
STATE FILE NUMBER
4321

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

300
-57

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) 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) INSTITUTION VA H ospital		Length of stay in lb 15 yrs	d. STREET ADDRESS (If outside, give location) 5503 Smart Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BERT Middle HENRY Last REICHLING			4. DATE OF DEATH Month September Day 15 Year 1957		
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5. SEX Male	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 1-4-07	9. AGE (In years birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement finisher	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Leavenworth Co, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Bert Reichling	13b. MOTHER'S MAIDEN NAME Leora Garrison	14. NAME OF HUSBAND OR WIFE Thelma Reichling
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes Peace War time	16. SOCIAL SECURITY NO. 511 03 4604	17. INFORMANT VA Hospital Official Records Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, lower lobes, both lungs		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Primary carcinoma, left main bronchus, with	
	DUE TO (c) metastases to brain	1627
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		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.)
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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
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21. X attended the deceased from Aug. 12, 1957 to Sept 15, 1957 Death occurred at 12:53 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Williams (Degree or title) M.D.	22b. ADDRESS VA Hospital, Kans. City, Mo.	22c. DATE SIGNED 9-15-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE SEPT-18-1957	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) FORT LEAVENWORTH, KANSAS
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK K.C., MO.	25. DATE RECD. BY LOCAL REG. 9-17-57	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 A. J. Williams

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10/1
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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 *Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *47 E 32nd St*



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.