

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014412

STATE FILE NUMBER

2061

FILED MAY 9 1958

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 2061

S. 300
1.-57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City North</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City North</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4643 Kelsey Rd.</u>		Length of stay in 1b <u>8 Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>4643 Kelsey Road</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u>Clyde</u> Last <u>Rea</u>			4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 20, 1886</u>	9. AGE (In years last birthday) <u>51 7/11</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Rook Island Rail Road</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Ross Rea</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Sandis</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Blanche Rea</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>700-01-8600</u>	17. INFORMANT Address <u>Mrs. Blanche Rea-4643 Kelsey Rd.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease with</u> <u>coronary heart block.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) <u>long arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>4 2/3</u>
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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <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 <u>Jan 1, 1956</u> to <u>April 1958</u> and last saw <u>her</u> alive on <u>3-28-58</u> Death occurred at <u>7:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert H. Hodge</u> (Degree or title) <u>0</u>			22b. ADDRESS <u>329 Armoren W.C.Mo</u>		22c. DATE SIGNED <u>4-22-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4-22-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jamesport Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jamesport, Missouri</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons North K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

(Licensed Embalmer's Statement on Reverse Side)

Robert H. Hodge, M.D. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 *Glenn S Hill*

Licensed Embalmer No. *4586*
P. O. Address *K.C. 16, 7*

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.