

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029235
STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3701

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN GRANDVIEW ⁷⁶⁰⁸	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH Hosp.		d. STREET ADDRESS (If outside, give location) 12516 HOLMES	
3. NAME OF DECEASED (Type or print) JOSEPH REDDIS		4. DATE OF DEATH Month 7 Day 30 Year 1958	
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 12-22-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER CARRIER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ITALY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN REDDIS		13b. MOTHER'S MAIDEN NAME NICOLINA REBES	
14. NAME OF HUSBAND OR WIFE LUCILLE REDDIS		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. NONE		17. INFORMANT Address LUCILLE REDDIS 12516 HOLMES	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Peritonitis			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Perforated ulcers of intestine			1 week
DUE TO (c) Intestinal ulcers, cause not determined			6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary abscesses			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 July 28 - 58 to July 30, 1958 last saw her alive on July 30, 1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leo N. Pollock, M.D.		22b. ADDRESS 751 East 63rd St. Dept. 158	
22c. DATE SIGNED Aug 1, 58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 8-2-1958		23c. NAME OF CEMETERY OR CREMATORY MT. OLIUET CEM	
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO		24. FUNERAL DIRECTOR ADDRESS PASSANTINO BROS KC MO	
25. DATE RECD. BY LOCAL REG. 8-1-58		26. REGISTRAR'S SIGNATURE neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

LEO N. POLLOCK USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

Dr Pollock
Professional RIDG
HA 1-7-84



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 *Ronald Passantino*

Licensed Embalmer No. 4554

P. O. Address KC Mo

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.