

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013712

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 89

300
1-57

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) OR TOWN Rural Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) HOSPITAL OR INSTITUTION Jackson Co. Hosp.		Length of stay in lb 5 yrs.	7000 STREET ADDRESS 3516 Walrond (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Minnie Middle M. Last Reilly			4. DATE OF DEATH Month April Day 6 Year 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3, 1868
9. AGE (In years) 90 (If under 1 year, give month and day) Months 0 Days 0 Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Augustus Mountfort		13b. MOTHER'S MAIDEN NAME Belle E.	
14. NAME OF HUSBAND OR WIFE		15. WAS RECEIVED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT Records Jackson Co. Hosp. Indef Mo	
18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease Generalized Arterio Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Generalized Arterio Sclerosis DUE TO (c) Generalized Arterio Sclerosis			INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> NO <input checked="" 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.) 4200	
20c. TIME OF INJURY Hour 5:00 Month 5 Day 54 Year 59 a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Kansas City		COUNTY Mo STATE Mo	
21. I attended the deceased from 4/5/54 to 4/6/59 and last saw her alive on 4/5/59 Death occurred at 5:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Philip H. O.	
22b. ADDRESS Lee's Lane Mo		22c. DATE SIGNED 4/6/59	
23a. FUNERAL, CREMATION, REMOVAL (Specify) Funeral	23b. DATE 4-7-59	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.	23d. LOCATION (City, town, or county) (State) Kansas City Mo
24. FUNERAL DIRECTOR W. Newcomer Son		ADDRESS K.C. Mo	25. DATE RECD. BY LOCAL REG. 4-7-59
26. REGISTRAR'S SIGNATURE W. B. Longford			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 5253
P. O. Address 2155 Sumner

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.