

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021663

STATE FILE NUMBER

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2778

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) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hospital		Length of stay in lb 50 Yrs	d. STREET ADDRESS (If outside, give location) 5211 E. 52nd.
3. NAME OF DECEASED (Type or print) First Charles Middle D Last Reynolds			4. DATE OF DEATH Month 6 Day 5 Year 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 12 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY St. Francis Church	11. BIRTHPLACE (City and state or country) Lincoln Nebraska
13a. FATHER'S NAME William Reynolds		13b. MOTHER'S MAIDEN NAME Ida Mae Sparks	12. CITIZEN OF WHAT COUNTRY? USA
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. 496-26-7655	17. INFORMANT Mrs Sue Cronley 4630 Lawn Kansas City Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EMBOLISM OF THE BRAIN Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) INFARCTION OF MYOCARDIUM DUE TO (c) ARTERIOSCLEROTIS CORONARY THROMBOSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 5-29-59 to 6-5-59 and last saw ^{xx} him alive on 6-5-59 Death occurred at 12:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 6/5/59	
22a. SIGNATURE (Degree or title) <i>Abraham Gelpin</i>		22b. ADDRESS General Hospital	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 8 1959	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo		25. DATE RECD. BY LOCAL REG. 6-6-59	26. REGISTRAR'S SIGNATURE <i>Wm Marshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

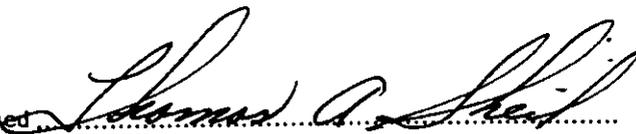
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
Abraham Gelpin M. D.

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. 4954
P. O. Address H. P. Mc

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.