IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-032545

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4498

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 9621 Belmont
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First VICTOR Middle M Last REW
4. DATE OF DEATH Month 9 Day 13 Year 1959
5. SEX Male
6. COLOR OR RACE W
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 11 27 22
9. AGE (last birthday) 36
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor
10b. KIND OF BUSINESS OR INDUSTRY Remington Arms
11. BIRTHPLACE (City and state or country) West Concord Minn
12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME Burl Rew
13b. MOTHER'S MAIDEN NAME Eva Miller
14. NAME OF HUSBAND OR WIFE Mrs. Joyce Rew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Navy W. W. 2
16. SOCIAL SECURITY NO. 513 14 7083
17. INFORMANT Address Mrs. Joyce Rew 9621 Belmont K.C.34

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Brain tumor (medulla) — INTERVAL BETWEEN ONSET AND DEATH: 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 21 July 59 to 13 Sept 59 and last saw him alive on 13 Sept 59
Death occurred at 6:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Jack M. Davis

22a. SIGNATURE (Degree or title) Jack M Davis M.D.
22b. ADDRESS Raytown Mo
22c. DATE SIGNED 14 Sept 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-16-1959
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc
ADDRESS K. C. Mo
25. DATE RECD. BY LOCAL REG. 9-15-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forrest D. Caldwell

Signature of Student Embalmer

Licensed Embalmer No. 4718

P. O. Address K Ellis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.