URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040323

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 5297

ENDED

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 48yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSP. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 700½ EAST 25th STREET — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Walter Middle J. Last Reek

4. DATE OF DEATH Month Day Year NOV 3, 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH JULY 24, 1911
9. AGE (last birthday) 48yrs. — 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) GROCERY CLERK
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) KANSAS CITY MO.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WALTER J. REEK
13b. MOTHER'S MAIDEN NAME BESSIE KENNEDY
14. NAME OF HUSBAND OR WIFE MARIE REEK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-10-9172
17. INFORMANT WALTER J. REEK — Address 3404 ST. JOHNS K. C. MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Massive subdural hemorrhage +
DUE TO (c) Middle skull fractures

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.) Fell down stairs

20c. TIME OF INJURY 1:20 Hour a.m. Month, Day, Year 10-28-59

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.) Home
20f. CITY, TOWN, OR LOCATION Kansas City — COUNTY Jackson — STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C. Kealhofer Asst Deputy Coroner
22b. ADDRESS 6627 Prospect K C Mo
22c. DATE SIGNED 11-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV 5, 1959
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS — ADDRESS K. C. MO.
25. DATE RECD. BY LOCAL REG. 11-3-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Geo. C. Kealhofer — DOCUMENT — MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 4931

P. O. Address K C M

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