

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. MAR 28 1960

149

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

1473

60-011193
 STATE FILE NUMBER

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		Length of stay in 1b 30 yrs.		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 Baptist Memorial Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5239 Blue Ridge Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle J Last Reichert				4. DATE OF DEATH Month Mar. Day 9 Year 1960				
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 MAY 24, 1901	9. AGE (last birthday) 58 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WHITE MACHINE WORKS DIST.			10b. KIND OF BUSINESS OR INDUSTRY MGR.		11. BIRTHPLACE (City and state or country) HIGGINSVILLE, MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY REICHERT			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE ENA REICHERT		
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. 486-10-2733		17. INFORMANT Address ENA REICHERT 5239 BLUE RIDGE.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation							INTERVAL BETWEEN ONSET AND DEATH 10 mins	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (b). DUE TO (b) Acute Myocardial Infarction							2 hours	
DUE TO (c) Arteriosclerotic heart disease							Indefinite	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). NONE.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) 4.						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 JAN 1960 to MARCH 1960 and last saw him alive on 3-9-60 Death occurred at 6:45/PM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) William Y. Eubank M.D.				22b. ADDRESS 9406 E. 63rd Raytown 7340		22c. DATE SIGNED 3-10-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 11, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM		23d. LOCATION (City, town, or county) KANSAS CITY MO.		(State)	
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 3-11-60		26. REGISTRAR'S SIGNATURE newa minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

William Y. Eubank

6411 morning

3

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 _____
Signature of Student Embalmer

Signed W. H. Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas

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.