RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-015593

FILED VS MAY 16 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2446 STATE FILE NUMBER

DED

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 32 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1708 TROOST — 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) 1708 TROOST — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FLORENCE Middle Last REED
4. DATE OF DEATH Month 4 Day 29 Year 1960
5. SEX FEMALE
6. COLOR OR RACE COLORED
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-31-1900
9. AGE (last birthday) 59
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) FT. SMITH, ARK.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ALLEN VICK
13b. MOTHER'S MAIDEN NAME SALLIE LESTER
14. NAME OF HUSBAND OR WIFE LEON REED
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. —
17. INFORMANT LEON REED Address 1708 TROOST K.C., 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
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 _____, 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 Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 1034 Rialto Bldg.
22c. DATE SIGNED 5-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-3-1960
23c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE LAWN
23d. LOCATION (City, town, or county) KANSAS CITY (State) MO.
24. FUNERAL DIRECTOR BROWN-HUDSON, K.C., MO.
ADDRESS
25. DATE RECD. BY LOCAL REG. 5-3-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens. 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Millard B. Paske

Signature of Student Embalmer

Licensed Embalmer No. 5013

P. O. Address K. C. M

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