

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019591

FILED VS JUN 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2846 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 69 yrs.	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Longs Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4018 THE PASEO		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle GERTRUDE Last Reed			4. DATE OF DEATH Month May Day 24 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MARCH 13, 1877	9. AGE (last birthday) 83 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY EMPLOYED JOHN TAYLORS		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ADRIAN MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN HORN		13b. MOTHER'S MAIDEN NAME ROSINA GILMORE		14. NAME OF HUSBAND OR WIFE EDWARD CARRY REED	
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. NONE	17. INFORMANT Address MRS. O. L. KING 4200 HOLLY		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) arteriosclerosis
					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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year				
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 5-5-60 to 5-24-60 and last saw her/him alive on 5-24-60 Death occurred at 8:45 A/M on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Frank Paul Laurer M.D.			22b. ADDRESS 428 S White Ave		22c. DATE SIGNED 5-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 26, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd.		25. DATE RECD. BY LOCAL REG. 5-25-60	26. REGISTRAR'S SIGNATURE Neva Minihall		

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurer M.D.

Kansas City Missouri

(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 _____
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address. Wansboro

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.