

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS AUG 8 1960**

**3767-60-027090**  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 7002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <b>Jackson</b>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>	Length of stay in lb <b>13 yrs.</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. General Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First	Middle	Last
			<b>ROBERT</b>	<b>B.</b>	<b>REED</b>
4. DATE OF DEATH	Month	Day	Year		
	<b>7</b>	<b>18</b>	<b>60</b>		
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH	9. AGE (last birthday)
<b>Male</b>	<b>White</b>			<b>12-25-88</b>	<b>71</b>
IF UNDER 1 YEAR	IF UNDER 24 HR	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Months	Days	<b>Professional Clown</b>	<b>Entertainment</b>	<b>Dublin, Ireland</b>	<b>"unknown"</b>
Hours	Min.	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
		<b>William Reed</b>	<b>Mary Elizabeth "unknown"</b>	<b>Mildred Chinook Reed</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address		
<b>unknown</b>	<b>495-03-1179</b>	<b>Records: Jackson County Welfare: K.C.</b>			
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) <b>Coronary Heart Failure</b>					
DUE TO (b) <b>Arteriosclerotic heart disease</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.
					<input type="checkbox"/> Yes <input type="checkbox"/> N <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.)	
20c. TIME OF INJURY	Hour	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 _____, to _____ and last saw 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)			22b. ADDRESS		22c. DATE SIGNED
<b>Hugh H. Owens, Coroner</b>			<b>1521 Union St</b>		<b>7-20-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
<b>Burial</b>	<b>7-21-60</b>	<b>Mount Saint Mary's</b>	<b>Kansas City, Missouri</b>		
24. FUNERAL DIRECTOR		ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
<b>WEILERT FUNERAL HOMES(S) K.C., MO.</b>		<b>7-20-60</b>	<b>Neal Minshel</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. L. Roy Mooney

Licensed Embalmer No. 4772

P. O. Address K. O. M.

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