

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

40540-030761  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

INDEXED

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 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)<br>OR TOWN <b>Kansas City</b>                   |  | a. STATE <b>Missouri</b>  |  | b. COUNTY <b>Jackson</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Benton Nursing Home</b>   |  | Length of stay in 1b<br><b>55 yrs.</b>  |  | c. CITY OR TOWN <b>Kansas City</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br><b>MR. GUS REINECKE</b>  |  | First Middle Last   |  | 4. DATE OF DEATH<br><b>August 8, 1960</b>   |  | Month Day Year   |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>4-1-1871</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Tuok Pointer-ret.</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Self-employed</b>   |  | 9. AGE (last birthday)<br><b>89</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>   |  |
| 13a. FATHER'S NAME<br><b>unknown</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>unknown</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT<br><b>Clarence Larson 6217 E. 95th. Terr.</b>   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b>   |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 DAYS</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>ARTERIO SCLEROTIC HEART DISEASE YEARS.</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <b>AUG. 8 1960</b> to <b>AUG. 8 1960</b> and last saw him alive on <b>AUG. 8, 1960</b><br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Robert Jansen M.D.</b>   |  |   |  | 22b. ADDRESS<br><b>101 E 63rd St</b>  |  | 22c. DATE SIGNED<br><b>8-9-60</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>8-10-60</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Melody McGilley-Eylar Funeral Home</b><br><b>1800 E. Linwood Blvd.</b>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>8-9-60</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>H-L. Dwyer</b>   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert Jansen

Dr. Robert  
101 E 63

Wes. ag.

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 Lloyd F. Dieckman, Student Embalmer No. 60  
working under my personal supervision.

Student

Lloyd F. Dieckman  
Signature of Student Embalmer

Signed

James E. Hackle

Licensed Embalmer No. 45

P. O. Address K. C.

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.