

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030763

FILED VS AUG 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4070 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Mo		b. COUNTY Jackson	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3224 E. 7th		Length of stay in 1b 39 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 3224 E. 7th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MINNIE		Middle LUE		Last REYNOLDS		Month Day Year 8-7-1960	
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 6-2-1878	9. AGE (last birthday) 82	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 Own Home		11. BIRTHPLACE (City and state or country) Athens Tenn. U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME George W. Wood		13b. MOTHER'S MAIDEN NAME Julia V. Carmack		14. NAME OF HUSBAND OR WIFE Harvey S. Reynolds			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT James C. Reynolds K.C. Mo			
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) C.V.A.							
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.		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Sept. 4-5 1959 to 8-7-60 and last saw her alive on 8-7-60							
Death occurred at 3 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John A. Robinson M.D.				22b. ADDRESS 505 East 85th		22c. DATE SIGNED H.C. No. 8-7-60	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE 8/9/1960		23c. NAME OF CEMETERY OR CREMATORY Sarcovic Cem.		23d. LOCATION (City, town, or county) Sarcovic Missouri	
24. FUNERAL DIRECTOR C.H. Blackman 1501 W. K.C. Mo			25. DATE RECD. BY LOCAL REG. 8-8-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer		

DOCUMENT

John A. Robinson MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 7 1965

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 Bert B. Ben

Licensed Embalmer No. 465

P. O. Address W. C. Y

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.