

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034984

FILED VS SEP 26 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4526 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		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 40 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 512 WOODLAND AVENUE WOODLAND NURSING HOME		d. STREET ADDRESS (If outside, give location) ARNETTE HOTEL 615 EAST 9TH STREET	
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 ROBERT REYNOLDS			4. DATE OF DEATH Month Day Year SEPTEMBER 3 1960			
5. SEX MALE	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 APRIL 10, 1983	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAGGAGE HANDLER	10b. KIND OF BUSINESS OR INDUSTRY CONTINENTAL BUS LINES	11. BIRTHPLACE (City and state or country) Perdue, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME UNKNOWN REYNOLDS	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE UNKNOWN REYNOLDS
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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. 487-09-6570	17. INFORMANT Address MRS. KATHERINE LOGEMAN 615 EAST 9TH STREET KANSAS CITY, MO.
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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 8 months
IMMEDIATE CAUSE (a) Cause of lung		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from March, 1960 to 9-3-60 and last saw her/him alive on 9-3-60

Death occurred at 6:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) D. M. Nigro M.D.	22b. ADDRESS 1222 Mc Lee K Cmo	22c. DATE SIGNED 9-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE SEPT. 3, 1960	23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO. 1331 BRUSH CREEK ADDRESS	25. DATE RECD. BY LOCAL REG. 9-5-60	26. REGISTRAR'S SIGNATURE H-L Dwyer
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF D. M. Nigro

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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 Chester K Brown

Licensed Embalmer No. 493
P. O. Address Ke W

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.