

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

**-60-042429**

**FILED VS NOV 16 1960**

Registration District No. 150 Primary Registration District No. 5571 Registrar's No. 238

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Prairie</u>		Length of stay in 1b <u>1942</u>		c. CITY OR TOWN <u>Prairie Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson Co. Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 Mi. N. Lee's Summit</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Cyrus</u> Middle <u>-----</u> Last <u>Reynolds</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>6</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>Unknown</u>		8. DATE OF BIRTH <u>10/15/1874</u>		9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Unknown</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Jackson County Hospital Records</u>		Address <u>Indep. Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis Heart Disease</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
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					
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 _____ s.m. _____ 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 <u>6-1-60</u> to <u>11-6-60</u> and last saw her/him alive on <u>11-6-60</u> Death occurred at <u>10:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J.P. McCalla, MD</u> (Degree or title)						22b. ADDRESS <u>Jackson Co Hospital Mo.</u>			22c. DATE SIGNED <u>11-7-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Nov. 9, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>U. Mt. Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas.</u>							
24. FUNERAL DIRECTOR <u>Langsford</u>				ADDRESS <u>Langs Summit, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>11-9-1960</u>		26. REGISTRAR'S SIGNATURE <u>J. Langsford</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**Langsford Funeral Home**  
**Langs Summit, 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed W. B. Langford

Licensed Embalmer No. 1471

P. O. Address Lee's Summit

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.