

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-013947

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1729 STATE FILE NUMBER

AMENDED

DATE AMENDED  
4-13-61  
4-13-61  
4-13-61

INSTEAD OF  
Elizabeth Hood  
Annie Reames  
Annie Reames

DOCUMENT  
DOCUMENT

MEDICAL CERTIFICATION  
Elizabeth Hood  
Annie B. Reames  
Annie B. Reames

BY AFFIDAVIT OF INFORMANT  
Layton

ITEM NO. SHOULD READ  
13b Elizabeth Hood  
14 Annie B. Reames  
17 Annie B. Reames

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. 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>14 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3816 CENTRAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3816 CENTRAL</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>VIRGIL</b> Middle <b>C.</b> Last <b>REAMES</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>7</b> Year <b>1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV 15, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STATION AGENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	9. AGE (last birthday) <b>78</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <b>OAKLAND, TENN</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES M. REAMES</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HOOD</b>	14. NAME OF HUSBAND OR WIFE <b>ANNIE B. REAMES</b> Address <b>3816 CENTRAL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>ANNIE B. REAMES</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chr. Pulm. Fibrosis + Emphysema</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>MANY YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chr. Cor pulmonale</b>			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 _____ a.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 <b>Mar 13, 1961</b> to <b>Apr 6, 1961</b> and last saw him alive on <b>Mar 17, 1961</b> Death occurred at <b>1240 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS <b>702 Arvyle Bldg. K.C. Mo</b>	22c. DATE SIGNED <b>4/7/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>April 10, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT MORIAH</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
24. FUNERAL DIRECTOR <b>MUEHLEBACH 6800 TROOST</b>		25. DATE RECD. BY LOCAL REG. <b>4-7-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

*Proven In*

**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 *J. T. Crowell*

Licensed Embalmer No. *4904*

P. O. Address *K.C. Mo*

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.