

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4980-61-037159
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

FILED OCT 19 1961

1. PLACE OF DEATH a. COUNTY CLAY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>2 EAST 82ND TERRAC (NORTH)</u>	

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>H</u> Last <u>REISCH</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>5</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 12-1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ENGINEER-ST JOSEPH MO SCHOOL BD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRENTON MO</u>		11. BIRTHPLACE (City and state or country) <u>U.S.</u>	
13a. FATHER'S NAME <u>SAMUEL E REISCH</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA HUNT</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA O. REISCH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>MARY LEE MOLES</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>Respiratory Acidosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
DUE TO (b) <u>Capillary Alveolar block (Pulmonary Edema)</u>			
DUE TO (c) <u>unknown</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Surgery - Reduction of Strangulated Inguinal Hernia</u>		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.)	
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 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 _____

21. I attended the deceased from Sept 28, 1961 to October 5, 1961 and last saw ^{her}him alive on Oct 4 1961
Death occurred at 1:55 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Verner L. Ames</u> (Degree or title)	22b. ADDRESS <u>226 E. 11th St. K.C., Mo.</u>	22c. DATE SIGNED <u>10-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT 6 - 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>
24. FUNERAL DIRECTOR <u>HARRY BUTLER</u> ADDRESS <u>2100 RUSSEL RD K.C. MO</u>		23d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH MO</u>

25. DATE RECD. BY LOCAL REG. <u>10-6-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Pong</u>
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(Licensed Embelmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Verner J. Ames
SHOULD READ
ITEM NO.

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 Harry Butler

Licensed Embalmer No. 2845

P. O. Address 2100 E Russell Rd

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.