

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

56761-040447
STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. _____

FILED DEC 8 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | | | | | |
|--|--|---|--|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY CLAY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY NORTH | | Length of stay in 1b 13 yrs | | c. CITY OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION CITY WATERWORKS 2 EAST 32ND ST. NORTH | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 915 EAST 100TH TERR. | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last EUGENE REEVES, SR. | | | | 4. DATE OF DEATH Month Day Year NOVEMBER 9 1961 | | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 3/13/13 | | 9. AGE (last birthday) 48 | |
| IF UNDER 1 YEAR Months Days | | IF UNDER 24 HR Hours Min. | | 10. KIND OF BUSINESS OR INDUSTRY WATER | | | 11. BIRTHPLACE (City and state or country) GREEN BAY, WISCONSIN, U. S. A. | | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | | | 13a. FATHER'S NAME ALEX REEVES | | 13b. MOTHER'S MAIDEN NAME MABLE GANOTA | | 14. NAME OF HUSBAND OR WIFE MRS. WANDA REEVES | |
| 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. ----- | | 17. INFORMANT MRS. WANDA REEVES Address 915 E. 110TH TERR KANSAS CITY, MO. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure. | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Immediate | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis | | | | | | | | Several years | |
| DUE TO (c) Arteriosclerosis | | | | | | | | Several years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | | | | 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. 2 p.m. | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) office | | 20f. CITY, TOWN, OR LOCATION KANSAS CITY | | COUNTY JACKSON | | STATE MO. | |
| 21. I attended the deceased from 1952 to present and last saw him alive on 10-16-61 Death occurred at 2 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <i>Rowland</i> (Degree or title) | | | | 22b. ADDRESS 5129 Marshall Rd | | | | 22c. DATE SIGNED 11/10/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE NOV. 13, '61 | | 23c. NAME OF CEMETERY OR INTERMENT PLACE MT. MORIAH CEMETERY | | 23d. LOCATION (City, town, or county) KANSAS CITY | | STATE MISSOURI | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY, MO. | | | | 25. DATE RECD. BY LOCAL REG. 11-13-61 | | 26. REGISTRAR'S SIGNATURE <i>Ruth Long</i> | | | |

VS DEC 8 1961

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K6 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.