SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041223

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 5888

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 1 Hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 14801 E. 39th St. — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle HALL Last REAVIS

4. DATE OF DEATH Month NOVEMBER Day 22, Year 1961

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-9-1909
9. AGE (last birthday) 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN - KANSAS CITY
10b. KIND OF BUSINESS OR INDUSTRY SCHOOL DISTRICT
11. BIRTHPLACE (City and state or country) HICKORY CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN H. REAVIS
13b. MOTHER'S MAIDEN NAME BEULAH SMITH
14. NAME OF HUSBAND OR WIFE SARAH J. REAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W WII

17. INFORMANT Address Sarah J.Reavis,14801 E.39th St.,Indep.Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Nov 22/61, to Nov 22/61 and last saw her him alive on 11/22, 1961
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Earle G. Sperry O.O.
22b. ADDRESS 227 E. College - Indep.
22c. DATE SIGNED 11/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 11-25-61
23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI

24. FUNERAL DIRECTOR ADDRESS GEO.C.CARSON & SONS, INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG. 11-24-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF Earle G. Sperry MEDICAL CERTIFICATION

VS DEC 11 1967

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.