MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011286
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1515

FILED APR 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

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: 40 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Doctor's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3909 Vineyard Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MILDRED — Middle FRANCES — Last REEVE

4. DATE OF DEATH: Month March — Day 14 — Year 1962

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. Married ☐ Widowed ☒ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: 9/13/95
9. AGE (last birthday): ~~66~~ 66 — 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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): SAN ANTONIO, TEXAS
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: WILLIAM SUTTON
13b. MOTHER'S MAIDEN NAME: FRANCES E. DEVOE
14. NAME OF HUSBAND OR WIFE: WIRT H. REEVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mr. Harold Quirk — Address: 9000 EAST 66TH, Raytown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Inanition + Debilitation	8 wks
DUE TO (b)	Carcinomatosis	4 wks.
DUE TO (c)	Metastatic Squamous Cell Carcinoma	18 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 4-26-59, to 3-14-62 and last saw her/him alive on 3-14-62
Death occurred at 2:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Rowland — D.O. MSPH
22b. ADDRESS: 8133 Warnall Rd.
22c. DATE SIGNED: 3/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAR. 17, '62
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county): KANSAS CITY — (State) MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: 1331 Brush Creek Blvd. D.W. Newcomer's Sons, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 3-15-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. James L. Rowland
8133 Warwick
8:30.12:00; 2:30.5

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 Norman W. Thorson

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.