

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27025

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3487

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>5666</u>	
c. LENGTH OF STAY (In this place) <u>23 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3816 AGNES AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>SYBIL</u> b. (Middle) <u>DORA</u> c. (Last) <u>REESE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-10-1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-20-1870</u>
9. AGE (In years last birthday) <u>79 YEARS</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) <u>NEAR GUTHRIE, KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOSEPH LEWIS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH RUTH MANION</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM G. REESE</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'S SIGNATURE OR NAME <u>MR. Wm. G. REESE</u>		ADDRESS <u>3816 AGNES AVENUE KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Colon</u> <u>153X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1949</u> to <u>Aug 12, 1949</u> , that I last saw the deceased alive on <u>Aug 1, 1949</u> and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Mrs. B. Caspolt</u> (Degree or title)		23b. ADDRESS <u>4000 Baltimore Rd. Kansas City, Mo.</u>	
23c. DATE SIGNED <u>8-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-12-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-12-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u>		ADDRESS <u>1331-BRAUN CREEK KANSAS CITY, MO.</u>	

7000 National Avenue
3:30-7

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
Student Embalmer

Signed: *James T. Dew*
Licensed Embalmer No. *4453*

P. O. Address *270000 St.*

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 this body is not embalmed, fact should be so stated above.