

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8951

State File No. ....

1179

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b>		b. COUNTY <b>Shawnee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City Missouri</b>		c. LENGTH OF STAY (in this place) <b>unknown</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Topeka</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1313 West port Rd</b>		d. STREET ADDRESS (If rural, give location) <b>515 Monroe</b>			

3. NAME OF DECEASED (Type or Print) <b>Raymond</b>			a. (First)		b. (Middle)		c. (Last) <b>Reddick</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March II 50</b>	
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 18, 1907</b>		9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>			11. BIRTHPLACE (State or foreign country) <b>Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>US</b>		
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13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Emilly</b>					
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>			16. SOCIAL SECURITY NO. <b>511-18-3512</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emilly Reddick Topeka Kans.</b>					
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right Lobe Pneumonia</b>									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malnutrition</b>									
		DUE TO (c) <b>Hepatitis</b>									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Severe toxic hepatitis</b>								<b>490x</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 3/10, 1950, to 3/11, 1950, that I last saw the deceased alive on 3/11, 1950, and that death occurred at 9:27 m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edw. H. Bird</b> (Degree or title)			23b. ADDRESS <b>D.O. 1313 Westport Rd.</b>			23c. DATE SIGNED <b>3/12/50</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-11-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Topeka Kansas</b>		24d. LOCATION (City, town, or county) <b>Topeka Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>3-13-50</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stine &amp; McClure Kansas City Mo</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 16 1951

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**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..... *S J Allen*

Licensed Embalmer No. *1418*

P. O. Address *A E M*

**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.**