S. No. 300
v. 10-48

FILED APR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8765

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1221

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 1312 Woodland Avenue 3 | 10 8 0

3. NAME OF DECEASED (Type or Print)
a. (First): LUCILLE
b. (Middle):
c. (Last): REYNOLDS

4. DATE OF DEATH (Month) (Day) (Year): MARCH 13 1951

5. SEX: FEMALE 2

6. COLOR OR RACE: NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: DECEMBER 10 1903

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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 (State or foreign country): LEAVENWORTH, KANSAS 1

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: CHARLEY CHAMBERS

13b. MOTHER'S MAIDEN NAME: MAGGIE ~~CHAMBERS~~

14. NAME OF HUSBAND OR WIFE: ROY REYNOLDS

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.: 510-18-5376

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: ROY REYNOLDS 1312 Woodland Avenue

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIO RESPIRATORY FAILURE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) II RHEUMATIC HEART DISEASE

DUE TO (c) (b) INTRAVENEOUS NA PENTOTHAL ANESTHESIA FOR I & D OF GLUTEAL ABSCESS, (N.M.S.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 1 2 1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 19 51 *to* 3-13, 19 51, *that I last saw the deceased alive on* 3-13, 19 51, *and that death occurred at* 2:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Frank Ellis (Degree or title): [signature], MD

23b. ADDRESS: 600 East 22nd Street

23c. DATE SIGNED: 3-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3/19-51

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): Pt. Leavenworth, Kans.

DATE REC'D BY LOCAL REG.: 3-19-51

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Brigham & Jones 2300 East 18th St. KC

5

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1958

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Lawrence A. Jones

Licensed Embalmer No. 4429

P. O. Address 2300 E. 18th K.C. 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 this body is not embalmed, fact should be so stated above.