

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37527**
4898

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 69 days		d. STREET ADDRESS (If rural, give location) 720 WOODLAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION 720 WOODLAND		e. STREET ADDRESS (If rural, give location) 720 WOODLAND	

3. NAME OF DECEASED a. (First) ROBERT b. (Middle) RAYMOND c. (Last) REYNOLDS			4. DATE OF DEATH (Month) (Day) (Year) NOV. 12 - 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 7 - 1895		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACT & BUILD		10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS		11. BIRTHPLACE (State or foreign country) NEW YORK, N.Y.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME THOMAS REYNOLDS		13b. MOTHER'S MAIDEN NAME ANNA SEARS	
14. NAME OF HUSBAND OR WIFE NOVA MAY REYNOLDS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.E. REYNOLDS, UNDER; MO.					

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 Oct 20, 1951, to Nov 12, 1951, that I last saw the deceased alive on Nov 9, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Hickerson (Degree or title) MD		23b. ADDRESS Walt Paul Bldg Independence Mo		23c. DATE SIGNED 11/14/51
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 14 NOV. 15 - 1951	24c. NAME OF CEMETERY OR CREMATORY BLUE SPRINGS CEM.	24d. LOCATION (City, town, or county) (State) BLUE SPRINGS MO	
DATE REC'D BY LOCAL REG. 11-15-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman San Inc. K.C. MO		

(Licensed Embalmer's Statement on Reverse Side)

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

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. 409

working under my personal supervision.

Student W. A. Rinne
Student Embalmer

Signed James E. Hacklina

Licensed Embalmer No. 4573

P. O. Address Kansas City, 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.