

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8535**
1182

No. 300
10-48

BIRTH NO. **FILED MAR 29 1952** 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 MO b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (in this place) 11 yrs | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | d. STREET ADDRESS (If rural, give location) 408 CHERRY 2038 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHEREN HOSP | | | |
| 3. NAME OF DECEASED a. (First) MANUELS | | b. (Middle) SIMON | |
| c. (Last) REYES | | 4. DATE OF DEATH (Month) (Day) (Year) 3 10 52 | |
| 5. SEX M | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JAN 1921 |
| 9. AGE (In years last birthday) 31 | | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT LOADER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) WICHITA KANS |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME MARCUS REYES | | 13b. MOTHER'S MAIDEN NAME JUSTA TELLES | |
| 14. NAME OF HUSBAND OR WIFE MARY JANE REYES | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 499-14-2494 | |
| 17. INFORMANT'S SIGNATURE OR NAME MARY JANE REYES | | ADDRESS 408 CHERRY KCMO | |
| 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) Acute Pericarditis (b) Cause not known ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Upper respiratory infection 6 wk. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 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) (Min.) | | 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 2/29 , 19 52 , to 3-10 , 19 52 ; that I last saw the deceased alive on 3/10 , 19 52 , and that death occurred at 10 P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. J. Farnsworth (Degree or title) | | 23b. ADDRESS MD 1103 Grand K.C. MO | |
| 23c. DATE SIGNED 2/11/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 3-13-52 | |
| 24c. NAME OF CEMETERY OR CREMATORY MIST MARYS | | 24d. LOCATION (City, town, or county) (State) K.C. MO | |
| DATE REC'D BY LOCAL REG. 3-12-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | |
| 25. FUNERAL DIRECTOR'S SIGNATURE SEBBETO'S | | ADDRESS K.C. MO. | |

(Licensed Embalmer's Statement on Reverse Side)

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

730 Conf/...

no 3434

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 *Russell N. Frank*

Licensed Embalmer No. *4255*

P. O. Address *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.