No. 300
10.48

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

FILED SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27246

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 963

1. PLACE OF DEATH
a. COUNTY: Buchanan 017
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph.
c. LENGTH OF STAY (in this place): 25 yr. 6 M 5 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 2,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 237A
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 1
d. STREET ADDRESS (If rural, give location): 3036 Kensington.

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): —
c. (Last): REEDY.

4. DATE OF DEATH (Month) (Day) (Year): 9- 7- 1952,

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: 3-5-1886.
9. AGE (In years last birthday): 66 — If under 1 year: Months 6, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common laborer
10b. KIND OF BUSINESS OR INDUSTRY: Common labor
11. BIRTHPLACE (State or foreign country): Kentucky. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Reedy,
13b. MOTHER'S MAIDEN NAME: Mary Jane Hutson.
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): No,
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Joseph M. Reedy — ADDRESS: Kensington St, Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 30 years or,

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis — 28 years,

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 4221
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* 7-8-, 1952, *to* 9-7-, 1952, *that I last saw the deceased alive on* 9-7-, 1952, *and that death occurred at* 9 30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Wadkowiak
(Degree or title): M. D.
23b. ADDRESS: State Hospital No. 2 St. Joseph, Mo
23c. DATE SIGNED: 9-7-1952,

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.-9-52
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: SEPT. 11, 1952
REGISTRAR'S SIGNATURE: Carl C. Castro 446
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs C. L. Forster
ADDRESS: 918 Brooklyn R.F., Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Dean Owens

Signed ✓
Student Embalmer

Licensed Embalmer No. 4280

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.