

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1598

384

FILED FEB 14 1953

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) 3 YEARS		d. STREET ADDRESS (If rural, give location) 3942 Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Roy	b. (Middle) ALBERT	c. (Last) Reid	4. DATE OF DEATH (Month) (Day) (Year) 1 18 53
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-22-1887	9. AGE (In years last birthday) 65	10 UNDER 1 YEAR Months	10 UNDER 1 MRS. Days	10 UNDER 1 MRS. Hours	10 UNDER 1 MRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 11 YEARS		10b. KIND OF BUSINESS OR INDUSTRY CABINET MAKER		11. BIRTHPLACE (City and State or Foreign Country) BOONE COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME WILLIAM REID	13b. MOTHER'S MAIDEN NAME DULTHIA DAVIDSON	14. NAME OF HUSBAND OR WIFE MRS. ESSIE REID	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. 487-01-2823	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. ESSIE REID 3942 JACKSON AVE. KANSAS CITY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia and pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Congestive heart failure due to Myocardial infarction DUE TO (c) Coronary arteriosclerosis and thrombosis		
	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 checked="" type="checkbox"/> NO <input 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)	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 **Jan. 16, 1953**, to **Jan. 18, 1953**, that I last saw the deceased alive on **Jan. 18, 1953**, and that death occurred at **10:20P m.**, from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) <i>B. I. Burns, M.D.</i>	23b. ADDRESS 24th VCHERRY STREETS KANSAS CITY MISSOURI	23c. DATE SIGNED JAN-20-1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN-21-1953	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-21-53	REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>D.H. Newcomer, 1331 BRUSH CREEK KANSAS CITY, MO.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Murray

FEB 24 1953

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 _____

Chester K. Brown

Student Embalmer No. *476*

working under my personal supervision.

Student *Chester K. Brown*
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K.C., 4 Ave.*

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.