

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1599**
 Registrar's No. **412**

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN LEAWOOD	
c. LENGTH OF STAY (in this place) 30 MIN.		d. STREET ADDRESS (If rural, give location) 8410 LEE BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) RUTH REID			4. DATE OF DEATH JAN. 20, 1953		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 2-1903		9. AGE (In years last birthday) 49		10. IF UNDER 18: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ALGONA, IOWA	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME FRANK L. McCOMB		13b. MOTHER'S MAIDEN NAME SARAH A. ELLIOTT		14. NAME OF HUSBAND OR WIFE DAVID M. REID	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME DAVID M. REID	
				ADDRESS 8410 LEE BLVD. LEAWOOD, KANSAS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUPLICATE		2 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE			
DUPLICATE		DUPLICATE			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE			
Conditions contributing to the death but not related to the disease or condition causing death.		Tuberculosis Uterus		443X Few yrs.	

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)		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 **1/14, 1953**, to **1/20, 1953**, that I last saw the deceased alive on **1/20, 1953**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

24a. SIGNATURE John A. Griffith, M.D.		24b. ADDRESS 315 Nichols Rd.		24c. DATE SIGNED 1/21/53	
24d. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24e. DATE JAN. 22, 1953		24f. NAME OF CEMETERY OR CREMATORY LEWIS CEMETERY	
				24g. LOCATION (City, town, or county) (State) LEWIS IOWA	

DATE REC'D BY LOCAL REG. 1-22-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer	
				ADDRESS 331 BRUSH CREEK KANSAS CITY, Mo.	

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

12.5

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 Bernard L. Henry

Licensed Embalmer No. 4258

P. O. Address MC 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.