

FEB 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6231

State File No. 721

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No.

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

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. LENGTH OF STAY (in this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1017 Holmes Street		d. STREET ADDRESS (If rural, give location) 1017 Holmes Street	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) T. c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Divorced	8. DATE OF BIRTH JUNE-1-1881
9. AGE (In years last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IRON MOLDER	10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (City and State or Foreign Country) Missouri
13a. FATHER'S NAME THOMAS W. REED		13b. MOTHER'S MAIDEN NAME ELREDA FAIR	12. CITIZEN OF WHAT COUNTRY? U. S. A.
14. NAME OF HUSBAND OR WIFE —		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. M. L. CRAKER 1017 HOLMES	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 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.	
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) natural	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:00 AM, 2-3-53 from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Prairie	23c. DATE SIGNED 2-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE FEB. 3-1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD MISSOURI
DATE REC'D BY LOCAL REG. 2-3-53		REGISTRAR'S SIGNATURE E. E. Smith	25. FUNERAL DIRECTOR'S & SYSTEM ADDRESS DW Newcomers Kansas City Mo.

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. Francis

Licensed Embalmer No. 4250

P. O. Address K. O. D.

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.