

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39243**
5424

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 months	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			e. STREET ADDRESS (If rural, give location) Earle Hotel 9th. & Central		
3. NAME OF DECEASED (Type or Print) a. (First) Reinhardt		b. (Middle) G.	c. (Last) Redman	4. DATE OF DEATH (Month) (Day) (Year) 11 15 1953	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div 3	8. DATE OF BIRTH April 19 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 6 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor - retired rug	10b. KIND OF BUSINESS OR INDUSTRY salesman Denver, Colo		11. BIRTHPLACE (City and State or Foreign Country) Kenesaw, Nebr		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Max Redman		13b. MOTHER'S MAIDEN NAME Augusta Meyer		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 506-05-4280	17. INFORMANT'S SIGNATURE OR NAME Roberta Neely (Dau) ADDRESS K.C. Kan		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____		
DUE TO (c) _____			DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Thrombosis of subclavian vein			DUE TO (c) _____		
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer			5810		
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 <u>Oct. 31</u> , 19 <u>53</u> , to <u>Nov. 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov. 15</u> , 19 <u>53</u> , and that death occurred at <u>2:25P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE B.I. Burns (Degree or title) M.D.			23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 11-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-17-1953	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		24d. LOCATION (City, town, or county) (State) Hastings, Nebr	
DATE REC'D BY LOCAL REG. 11-16-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Warnick-Custer ADDRESS KC Kan	

Dr. Chas.

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
Signature of Student Embalmer

Signed *James J. Neely*
Licensed Embalmer No. *4918*
P. O. Address *A. C. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.