

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39244**

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5514

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u> c. LENGTH OF STAY (in this place) <u>4 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>3122 Euclid</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Reece</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21st, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18th, 1924</u>	9. AGE (in years last birthday) <u>29</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 100 Hrs. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engr. Vendo Corp.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mach. Mfg. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brownington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Reece</u>	13b. MOTHER'S MAIDEN NAME <u>Murtie Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Rosemary Reece</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes WW II</u>	16. SOCIAL SECURITY NO. <u>494-16-4476</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Official Recorder VA Hospitals, K.C.</u>	ADDRESS _____
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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) <u>Aspiration asphyxia;</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Convulsions, cause undetermined</u> DUE TO (c) <u>as above PROBABLY EPILEPSY</u>		INTERVAL BETWEEN ONSET AND DEATH _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>History of convulsions</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 Nov. 21st, 1953, to Nov. 21st, 1953; that I last saw the deceased XXXXXXX and that death occurred at 4:10 AM., from the causes and on the date stated above.

23. SIGNATURE <u>Hugh Owens</u> (Degree or title) <u>Hugh H. Owens, Coroner</u>	23b. ADDRESS <u>1034 Rialto Building</u>	23c. DATE SIGNED <u>11-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	24b. DATE <u>11-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>maple wood</u>	24d. LOCATION (City, town, or county) (State) <u>Brownington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-21-53</u>	REGISTRAR'S SIGNATURE <u>Sisaldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert L. Denning, Clinton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
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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 *Robert L. Hummer*

Licensed Embalmer No. 471

P. O. Address Clinton

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.