

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 15 1954 STANDARD CERTIFICATE OF DEATH

5032
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>687</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).			
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 15 Yrs.		c. CITY OR TOWN Kansas City		d. 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) 2013 Cypress			
3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) E.		c. (Last) Reynolds	
4. DATE OF DEATH		(Month) 2		(Day) 11		(Year) 1954	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 14, 1910	
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during period of working life, even if retired) Auto Salesman		10b. KIND OF BUSINESS OR INDUSTRY Williams Motor Co.		11. BIRTHPLACE (City and State of Foreign Country) Jacksonville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Reynolds		13b. MOTHER'S MAIDEN NAME Eva Revis		14. NAME OF HUSBAND OR WIFE Evelyn Reynolds			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No		16. SOCIAL SECURITY NO. 325-12-6086		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Reynolds 2013 Cypress K.C., 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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver					
		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.				5810	
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) (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>Feb. 8</u> , 19 <u>54</u> , to <u>Feb. 11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb. 11</u> , 19 <u>54</u> , and that death occurred at <u>3:10A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>B.I. Burns</i> B.I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 2-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 13, 1954		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 2-12-54		REGISTRAR'S SIGNATURE <i>Seraldine Smith</i> Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barp & Sons 4139 Truman Rd. K. C., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. Carp*
Licensed Embalmer No. *46*
P. O. Address *W. C. P.*

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.