No. 300
10.48

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

State File No. 12209

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1799

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1443 Jefferson 3296

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ellen
b. (Middle):
c. (Last): Reardon

**4. DATE OF DEATH** (Month): 4 (Day): 20 (Year): 1954

**5. SEX:** FEMALE
**6. COLOR OR RACE:** WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NEVER MARRIED
**8. DATE OF BIRTH:** JUNE 10, 1883
**9. AGE** (In years last birthday): 70 IF UNDER 1 YEAR Months: — Days: — IF UNDER 24 HRS. Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work during most of working life, even if retired): RETIRED
**10b. KIND OF BUSINESS OR INDUSTRY:** —
**11. BIRTHPLACE** (City and State or Foreign Country): PLATTSBURG, MO.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** MICHAEL REARDON
**13b. MOTHER'S MAIDEN NAME:** BRIDGET MULLEN
**14. NAME OF HUSBAND OR WIFE:** — 0 —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.:** —
**17. INFORMANT'S SIGNATURE OR NAME:** BROTHER - THOMAS F. REARDON ADDRESS: KC Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute posterior myocardial infarction — INTERVAL BETWEEN ONSET AND 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) _____

II. OTHER SIGNIFICANT CONDITIONS — 4 20 1

*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 [ ] NO [X]

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* April 19, *19* 54, *to* April 20, *19* 54, *that I last saw the deceased alive on* April 20 *19* 54, *and that death occurred at* 6:25P *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:** 4-21-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE:** 4-22-54
**24c. NAME OF CEMETERY OR CREMATORY:** CALVARY CEMETERY
**24d. LOCATION** (City, town, or county) (State): PLATTSBURG, MO.

**DATE REC'D BY LOCAL REG.:** 4-21-54
**REGISTRAR'S SIGNATURE:** Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS:** QUIRK & TOBIN CO. 20 N. LINWOOD, 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 40

P. O. Address K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.