

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16121

1876

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY LEAVENWORTH	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY OR TOWN LEAVENWORTH	
c. LENGTH OF STAY (In this place) 1 MONTH		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL			
3. NAME OF DECEASED a. (First) HAZEL		b. (Middle)	
c. (Last) REED		4. DATE OF DEATH (Month) (Day) (Year) APRIL-26-1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH January 25, 1890	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Illinois 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary Boiler Makers Union		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME-- Donovan George Moore		13b. MOTHER'S MAIDEN NAME Helen -	
14. NAME OF HUSBAND OR WIFE Arthur J. Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. R. C. Thornton		ADDRESS 213 Spruce Leavenworth, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema + Congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Tumor, base of skull, type undet. 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		1967	
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 am the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Jack H. Hill		23b. ADDRESS M.D. 3001 Wagonette St. KC Mo	
23c. DATE SIGNED 26 Apr 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL-26-1954	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) LEAVENWORTH KANSAS	
DATE REC'D BY LOCAL REG. 4-26-54		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE O. N. Paucomie's Sons		ADDRESS 1331-BRUSH CREEK KANSAS CITY 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.....  
*Robert E. Hanson*

Licensed Embalmer No.....  
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P. O. Address.....  
K.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.**