

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 State File No. **16122**
1857

 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 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) 56 years	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 Trinity Lutheran Hospital			e. STREET ADDRESS (If rural, give location) 2850 Summit Street		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lee c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) April 23 1954		
5. SEX D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1880	9. AGE (In years last birthday) 74	10. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Bread		11. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Reed		13b. MOTHER'S MAIDEN NAME Elizabeth Collins		14. NAME OF HUSBAND OR WIFE Mrs. Bessie E. Reed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-10-6382	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie E. Reed K.C. 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* Cancer of prostate gland ANTECEDENT CAUSES DUE TO (b) unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Metastasis to lung.		INTERVAL BETWEEN ONSET AND DEATH 6740 177k
19a. DATE OF OPERATION Nov 1953.		19b. MAJOR FINDINGS OF OPERATION Cancer of prostate gland		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE No		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) (Minute) No
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 April , 19 54 , to April 23 , 19 54 that I last saw the deceased alive on April 23 , 19 54 and that death occurred at 10 am from the causes and on the date stated above.					
23a. SIGNATURE M. B. Casebolt			23b. ADDRESS MS# 4000 Baltimore K.C. Mo		23c. DATE SIGNED 4/24/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/26/54	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 4-24-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin, 20 W. Linwood, K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

JUN 17 1954

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 *Glen E. Heck*.....

Licensed Embalmer No. *406*

P. O. Address *R. C. 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.