

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5030

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>529</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>49 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		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 <u>ST. JOSEPH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>300 WEST ARMOUR BLVD. 3478</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>M.</u> c. (Last) <u>REAGAN, SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-3-1955</u>				
5. SEX <u>D</u> <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-7-1905</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHIEF LABORATORY TECHNICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PHOTO INDUSTRIES</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS E. REAGAN</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY KING</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. RUTH REAGAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>497-38-9822</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RUTH REAGAN</u> ADDRESS <u>300 WEST ARMOUR KANSAS CITY</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recent Resection of Small Intestine</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal Obstruction</u> DUE TO (c) <u>Post Operative Abd Adhesions old abdominal (w. m. o.)</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>29 5/4 1/2</u>
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) m.		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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Frank Holman MD</u> (Degree or title) c.				23b. ADDRESS <u>St Joseph Hospital</u>		23c. DATE SIGNED <u>2-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>FEB-5-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DW. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-5-55</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 1955

AUG 4 1955

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 *John B Lewis*.....  
Licensed Embalmer No. *487*.....  
P. O. Address *KC MO*.....

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.