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FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12114

BIRTH NO. 23264-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1404

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

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): 1hr 46 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3645 Main 3514

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Lee
c. (Last): Reynolds

4. DATE OF DEATH (Month) (Day) (Year): 3 28 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never ~~married~~
8. DATE OF BIRTH: 3-28-~~54~~ 1955
9. AGE (In years last birthday): IF UNDER 1 YEAR Months — Days —; IF UNDER 24 HRS. Hours 1 Min. 46

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY?: Yes U.S.

13a. FATHER'S NAME: Robert Leclair Reynolds
13b. MOTHER'S MAIDEN NAME: Della Darlene Adams
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —; (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Della Reynolds
ADDRESS: 3645 Main, KCMo

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): Premature Birth (6½ mo) — INTERVAL BETWEEN ONSET AND DEATH: 1 + ½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): — 776

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 200 mile automobile trip — 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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* 10 54 AM 3-28, 1955, *to* 12 40 PM 3-28, 1955, *that I last saw the deceased alive on* 3-28, 1955, *and that death occurred at* 12:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold A. Pallett (Degree or title): Harold A. Pallett MD
23b. ADDRESS: 1132 Prof Bldg KCMo
23c. DATE SIGNED: 3/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: MAR 30, 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt Washington
24d. LOCATION (City, town, or county) (State): Kansas City MO

DATE REC'D BY LOCAL REG.: 3.29.55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Sheil Funeral Home
ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Thomas A. Shea

Licensed Embalmer No. 7954

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.