

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15640

State File No.

FILED JUN 2 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2115

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Kansas City, Mo</u>	c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY OR TOWN <u>Dallas</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>7000 Vassar</u> <u>8428</u>	

3. NAME OF DECEASED (Type or Print) <u>Reanna</u>	a. (First) <u>Reanna</u>	b. (Middle) <u>Y</u>	c. (Last) <u>Volk</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1955</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 21, 1890</u>	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Sam'l Yankee</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Volk Dec</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>mes C. E. Lombardi 5310 Bellview</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE POSTERIOR LEFT VENTRICULAR MYOCARDIAL INFARCTION</u>	ANTECEDENT CAUSES DUE TO (b) <u>THROMBOSIS OF RT. CORONARY ARTERY</u>		<u>5705</u>
II. OTHER SIGNIFICANT CONDITIONS <u>ATELECTASIS LOWER LOBES OF LUNGS</u>	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Mesenteric adhesions with small bowel obstruction.</u>	20. AUTOPSY? YES <input 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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>David M. Gibson MD (Pathologist)</u> (Degree or title)	23b. ADDRESS <u>St. Luke's Hospital - 100 Mo.</u>	23c. DATE SIGNED <u>5/15/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/15/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Dallas Texas</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stone-McClure 11 E. Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-15-55</u>	REGISTRAR'S SIGNATURE <u>Neva Mitchell</u>	

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 J. Boyer*
.....

Licensed Embalmer No. *487*

P. O. Address *KC 9, 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.