

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40361**

FILED DEC 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marathon</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY OR TOWN <u>Kansas City</u>		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 _____				e. STREET ADDRESS (If rural, give location) <u>3217 N. 5th</u> <u>3217</u>				
3. NAME OF DECEASED a. (First) <u>Robert N.</u> b. (Middle) _____ c. (Last) <u>Rea</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/8-55</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>8/27-1877</u>		
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>11</u>		11. UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Rea</u>			13b. MOTHER'S M maiden NAME _____			13c. NAME OF HUSBAND OR WIFE <u>Joe Rea</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Bob Cowan</u> ADDRESS <u>Marathon Mo</u>				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Just</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS					<u>4201</u>	
		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 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) _____		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 <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>3:30 P.M.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. Duncan</u> (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED <u>12-15-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12/9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-20-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cooke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. Westlake</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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**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  .....

Licensed Embalmer No. 342

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.