

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

State File No. **40839**  
**5500**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b>				b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>8 hrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>Research Hospital</b>				STREET ADDRESS (If rural, give location) <b>48 N. Thorp</b>				<b>\$600</b>	
3. NAME OF DECEASED (Type or Print) <b>RAYMOND Merl REESER</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>Dec. 16, 1955</b>		(Month)		(Day)		(Year)			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Nov. 17, 1901</b>		9. AGE (To years last birthday) <b>54 yrs.</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Traffic Mgr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sinclair Coal Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Denison, Texas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Claude D. Reeser</b>			13b. MOTHER'S MAIDEN NAME <b>Lela A. Hart</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Marie Reeser</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-01-5968</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marie Reeser</b>				ADDRESS <b>48 N. Thorp K.C.K.</b>	
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) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>2 min</b>  <b>1 year</b>  <b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Dec. 16, 1955</u> , to <u>Dec. 16, 1955</u> , that I last saw the deceased alive on <u>Dec. 16, 1955</u> , and that death occurred at <u>2:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>W. H. Algie</b> (Degree or title) <b>C</b>				23b. ADDRESS <b>M.D. 825 N. 7th St., K. C. K.</b>				23c. DATE SIGNED <b>12-17-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/19/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Ks.</b>			
DATE REC'D BY LOCAL REG. <b>12-17-55</b>		REGISTRAR'S SIGNATURE <b>new Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. F. Porter &amp; Sons</b>		ADDRESS <b>K.C.Ks.</b>			

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

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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.....  
*Howard L. Porter*

Licensed Embalmer No. 3751

P. O. Address 19th & Minn  
Kansas City

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.