

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022052
STATE FILE NUMBER

3014

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTROPATHIC HOSPITAL		Length of stay in 1b 74 YEARS	d. STREET ADDRESS (If outside, give location) 1225 BENTON BLVD.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last
FLORA M. REYNOLDS

4. DATE OF DEATH Month Day Year
JUNE 14 1958

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED NEVER MARRIED
WIDOWED DIVORCED
8. DATE OF BIRTH MARCH 1. 1863
9. AGE (In years last birthday) 95

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOME MAKER

10b. KIND OF BUSINESS OR INDUSTRY
DOMESTIC

11. BIRTHPLACE (City and state or country)
TOWANDA PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME GEORGE WHITE
13b. MOTHER'S MAIDEN NAME AUGUSTA PETTIGROVE
14. NAME OF HUSBAND OR WIFE LA VERN REYNOLDS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address
HELEN M. REYNOLDS, 1225 BENTON BLVD. K.C. MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest
DUE TO (b) Myocardial decompensation
DUE TO (c) Arteriosclerosis

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.
Old age

INTERVAL BETWEEN ONSET AND DEATH
minutes
19 days
Years

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
422'

20c. TIME OF INJURY . Hour . Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1940 to 6-14-58 and last saw him alive on 6-13-58
Death occurred at 8:09 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
E. D. Reese, D.D.

22b. ADDRESS
3309 E 12

22c. DATE SIGNED
6-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify)
CREMATION

23b. DATE
6-16-58

23c. NAME OF CEMETERY OR CREMATORY
D.W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county) (State)
KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS
D.W. NEWCOMER'S SONS, KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.
6-16-58

26. REGISTRAR'S SIGNATURE
Neva Minshall

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. D. Reese



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 *Basil V. Honey,*

Licensed Embalmer No. *4724,*

P. O. Address *K.C., 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.