

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

58-022053

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 2814

S. 300
1-57

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 LAKESIDE HOSP.		Length of stay in 1b 3hr. 27min	d. STREET ADDRESS (If outside, give location) 6407 COLLEGE
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM BENTON REYNOLDS			4. DATE OF DEATH Month Day Year JUNE 2 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 2, 1938	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. 3 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME BENTON A REYNOLDS		13b. MOTHER'S MAIDEN NAME ALMA LOUISE FULLRICH		14. NAME OF HUSBAND OR WIFE NONE	
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 Benton A Reynolds	
				Address 6704 College Kansas City, 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) anoxia			INTERVAL BETWEEN ONSET AND DEATH 76 25
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) pulmonary hyaline membrane		
	DUE TO (c) prematurity 2 1/2 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6-2-58 to 6-2-58 and last saw him alive on June 29 1958
Death occurred at 6:30 p.m. in on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E. Griffin		22b. ADDRESS 2900 Paseo KCMO		22c. DATE SIGNED 6/7/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-3-58		23c. NAME OF CEMETERY OR CREMATORY JAMESTOWN, ME CEM		23d. LOCATION (City, town, or county) (State) JAMESTOWN, MO.	
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24. FUNERAL DIRECTOR William's Funeral Home, California		ADDRESS 6-3-58		25. DATE RECD. BY LOCAL REG. never Marshall		26. REGISTRAR'S SIGNATURE	
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(Licensed Embalmer's Statement on Reverse Side)

James E. Griffin JR. MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Do not use cause unless you state on manufacturer in item 18. No symptoms will be listed.



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 not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648
P. Address Kansas City, 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.