

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

64843-58

58-029353

STATE FILE NUMBER

FILED SEP 9 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 369

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</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, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>			Length of stay in 1b <u>5 days</u>		d. STREET ADDRESS (If outside, give location) <u>503 Indiana</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Connie</u> Middle <u>Jeanette</u> Last <u>Reddell</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>4</u> Year <u>1958</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June-17-1958</u>		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months <u>2</u> Days <u>19</u> Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wilburn R. Reddell</u>			13b. MOTHER'S MAIDEN NAME <u>Vivian Hampton</u>			14. NAME OF HUSBAND OR WIFE <u>K.C. Mo</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Wilburn R. Reddell</u> Address <u>503 Indiana K.C. Mo</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia & diabetes</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Tubercular disease of pancreas.</u>		DUE TO (c) <u>5873</u>		2ms. 19 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)						
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from: <u>Aug 30, 1958</u> to <u>Sept 4, 1958</u> and last saw ^{her} him alive on <u>9/4/58</u> Death occurred at <u>10:55 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Signature or title) <u>W. E. Rugh, M.D.</u>					22b. ADDRESS <u>317 W. Kansas - Independence</u>		22c. DATE SIGNED <u>9/5/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coleman Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Belton, Arkansas</u>			
24. FUNERAL DIRECTOR <u>C.H. Blackman & Son Inc.</u> ADDRESS <u>10 E. 1st St.</u>				25. DATE RECD. BY LOCAL REG. <u>9-6-58</u>		26. REGISTRAR'S SIGNATURE <u>James Craig</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(If signed by Informant, Statement on Reverse Side)

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 *W. C. Reine*

Licensed Embalmer No. *4879*

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.