

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017916

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2384

300 /
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 3578
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3800 Bennington		Length of stay in lb 52 yrs.	d. STREET ADDRESS (If outside, give location) 3800 Bennington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Cora J Reames			4. DATE OF DEATH Month Day Year May 11, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1880
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL RESIDENCE (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Archie, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Grant Edwards	
13b. MOTHER'S MAIDEN NAME Jennie McKinster		14. NAME OF HUSBAND OR WIFE Jack D. Reames	
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 O. L. Hansen 9919 E. 63rd. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure			7 weeks
DUE TO (c) Arteriosclerotic heart Disease			5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 Aug 1948 to May 11, 59 and last saw her alive on 9 May 59 Death occurred at 5:15 PM on the 11 date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack M. Davis (Degree or title)		22b. ADDRESS Raytown Mo	22c. DATE SIGNED 12 May 59.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-13-59	23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	23d. LOCATION (City, town, or county) (State) Raytown, Mo.
24. FUNERAL DIRECTOR Earp & Sons		ADDRESS 4707 Truman Road	25. DATE RECD. BY LOCAL REG. 5-13-59
		26. REGISTRAR'S SIGNATURE Walter Marshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Jack M. Davis

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

James W. Taylor

Licensed Embalmer No. 4622

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.