

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 12 1959

59-024525

STATE FILE NUMBER

Registration District No. 12 Primary Registration District No. 5289 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>GLADSTONE</u>		Length of stay in 1b <u>7 YRS.</u>	c. CITY OR TOWN <u>GLADSTONE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>2207 E 56th</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2207 E 56th.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GRANT Preston Reynolds</u>			4. DATE OF DEATH Month Day Year <u>7-31-1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-12-24</u>
9. AGE (last birthday) <u>35</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRAFTSMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>J.F. Prichard Co.</u>	11. BIRTHPLACE (City and state or country) <u>Topeka Kan</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Granville P. Reynolds</u>	
13b. MOTHER'S MAIDEN NAME <u>Nellie Jane Newman</u>		14. NAME OF HUSBAND OR WIFE <u>Marilyn Reynolds</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes WWII</u>		16. SOCIAL SECURITY NO. <u>555-22-4548</u>	17. INFORMANT Address <u>MRS. Marilyn Reynolds of Home</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>COMPLETE DISINTEGRATION OF BRAIN</u> <u>LOSS OF SKULL ABOVE HAIRLINE</u> DUE TO (b) <u>30-6 RIFLE DISCHARGED IN MOUTH</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 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 <u>None</u> to _____ and last saw her/him alive on _____ Death occurred at <u>Approx 9 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D J Patz MD (Drowner)</u>		22b. ADDRESS <u>North Kansas City Mo.</u>	22c. DATE SIGNED <u>8/1/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>8-3-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Topeka KANSAS</u>	23d. LOCATION (City, town, or county) <u>Topeka KANSAS.</u>
24. FUNERAL DIRECTOR ADDRESS <u>D. W. Newcomers Sons NKR No.</u>		25. DATE RECD. BY LOCAL REG. <u>8-2-59</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 23 1959

AUG 25 1959

AUG 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Henrich
Licensed Embalmer No. 4870
P. O. Address A. G. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.

