

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025381

FILED VS JUL 27 1959 147

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 3429 STATE FILE NUMBER

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O. A. GENERAL HOSP		d. STREET ADDRESS (If outside, give location) 6824 COLLEGE	

3. NAME OF DECEASED (Type or print) First Middle Last FRANK LEE REYNOLDS			4. DATE OF DEATH Month Day Year JULY 10, 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 1 08	9. AGE (last birthday) 51 YRS.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CEMENT FINISHER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS CITY MO.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ALANSON T. REYNOLDS		13b. MOTHER'S MAIDEN NAME SADIE GILLILAND		14. NAME OF HUSBAND OR WIFE Alma Reynolds Address: K.C. MO.	
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. 429 07 2948		17. INFORMANT ALMA REYNOLDS 6824 COLLEGE	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Created for Report</i>			

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 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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Hugh H Owens</i>		22b. ADDRESS <i>1034 Riverview Blaf</i>		22c. DATE SIGNED <i>7-11-59</i>
23b. DATE <i>1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>FLORAL HILLS CEM</i>		23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY, MO.</i>
24. FUNERAL DIRECTOR <i>D W Newcome, Son, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7-13-59</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

DOCUMENT
MEDICAL CERTIFICATION
Hugh H Owens
BY AFFIDAVIT OF

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 Basil V. Honey,

Licensed Embalmer No. 4724,

P. O. Address K.C., 30,

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.