

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040322

FILED VS. NOV 23 1959

149

Primary Registration District No. 1002

Registrar's No.

5375

STATE FILE NUMBER

UNRECORDED

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		Length of stay in 1b 3 1/2 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOWNTOWN HOSPITAL			Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2736 Woodland		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle REED Last REED				4. DATE OF DEATH Month November Day 5 Year 1959					
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-10-1892	9. AGE (last birthday) 67 yrs	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10b. KIND OF BUSINESS OR INDUSTRY Western Union		11. BIRTHPLACE (City and state or country) Worcester, Mass.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Tonie Reed			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Agnes Reed			
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. 490-16-7931		17. INFORMANT Address Agnes Reed 2736 Woodland					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis							2-3 Hours		
DUE TO (b) Acute Left Ventricular Failure							Few Hours		
DUE TO (c) Arteriosclerotic Heart Disease							Years		
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 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. _____	Month, Day, Year								
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 10-20-59 to 11-5-59 and last saw him alive on 11-5-59 Death occurred at 8:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Robert Nigro</i> (Degree or title)			22b. ADDRESS M.D. 1222 McGee St., K.C., Mo.			22c. DATE SIGNED 11-6-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-9-59	23c. NAME OF CEMETERY OR CREMATORY Highland		23d. LOCATION (City, town, or county) (State) Kans. City, Missouri				
24. FUNERAL DIRECTOR E. Watkins Bros. Funeral Home 18th & Benton ADDRESS		25. DATE RECD. BY LOCAL REG. 11-9-59		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert Nigro

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 Irma R. Watkins

Licensed Embalmer No. 1544

P. O. Address 18th & Penn

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.