

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015595

FILED VS MAY 16 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2235

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE MISSOURI b. COUNTY JACKSON		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 63 yrs		c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LUKES HOSP.		d. STREET ADDRESS (If outside, give location) 2047 EAST 28th ST.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARIE C. M. REYNARD				4. DATE OF DEATH Month Day Year APRIL 20, 1960			
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 NOV 8, 1879	9. AGE (last birthday) 80 yrs.	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) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) OTTAWA KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM MILLER			13b. MOTHER'S MAIDEN NAME MARGARET FREESE		14. NAME OF HUSBAND OR WIFE JOHN REYNARD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address LUCY BROWN TOPEKA KANSAS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTSETINAL OBSTRUCTION						INTERVAL BETWEEN ONSET AND DEATH 6 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PHITO BEZOAS							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC GANGRENE LOWER EXTREMITY LEFT					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 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							
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 4 14 60 to 4 20 60 and last saw her alive on 4 20 60				Death occurred at 11 55 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. W. Greene M.D.</i>				22b. ADDRESS 4620 NICHOLS PKWY. K. C. MO.		22c. DATE SIGNED 4 20 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APRIL 22, 1960		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K.C. MO.				25. DATE RECD. BY LOCAL REG. 4-21-60		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *W. W. Greene*

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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