

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023352

FILED VS JUL 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3306 STATE FILE NUMBER

6-27-60
JESSIE C. REVERGER
WIFE
DWOYER

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 15 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 General Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3421 Roberts		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Edward First Reverger Middle Reverger Last Reverger				4. DATE OF DEATH 6 Month 21 Day 60 Year				
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 8-1-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance			10b. KIND OF BUSINESS OR INDUSTRY H.C. Power & Light		11. BIRTHPLACE (City and state or country) Nova Scotia,		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Victor E. Reverger			13b. MOTHER'S MAIDEN NAME Eva. Vachrasse			14. NAME OF HUSBAND OR WIFE Jessie C. Reverger		
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. 487-05-0356		17. INFORMANT Jessie C. Reverger, H.C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction							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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 _____ 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	
		6-3-60		6-21-60		XX	6-21-60	
21. I attended the deceased from 6-3-60 to 6-21-60 and last saw him alive on 6-21-60 Death occurred at 5:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE H. H. Dwyer M.D.				22b. ADDRESS 2400 Cherry- K.C. Mo		22c. DATE SIGNED 6-22-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-23-1960	23c. NAME OF CEMETERY OR CREMATORY Mackeloh Cem.		23d. LOCATION (City, town, or county) (State) Lexington, Mo			
24. FUNERAL DIRECTOR C.N. Blackman & Son				25. DATE RECD. BY LOCAL REG. 6-22-60		26. REGISTRAR'S SIGNATURE Neva Minshall		

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Bert B. Brown

Licensed Embalmer No. 465

P. O. Address L. C. J.

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