

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005493

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149  
**FILED VS FEB 20 1961**

Primary Registration District No. 1002 Registrar's No. 625

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>55 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) <b>Research Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>7501 East 37th St.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>ROBERT O. REICH</b>			4. DATE OF DEATH <b>Feb. 4. 1961</b>			
First	Middle		Last	Month	Day	Year

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 2 1906</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months		Days
				Hours		Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Blue Ridge Bank</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>August Reich</b>	13b. MOTHER'S MAIDEN NAME <b>Matilde Zehe</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred Reich</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Mildred Reich</b>	Address <b>7501 E. 37th St.</b>
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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) <b>Bronchial pneumonia</b>		<b>2 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Primary brain tumor (Glioblastoma)</b>	<b>9 mo.</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"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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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 <b>Feb. 1961</b>	COUNTY	STATE
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21. I attended the deceased from <b>May 1959</b> , to <b>Feb. 1961</b> and last saw him alive on <b>Feb. 2 '61</b> Death occurred at <b>Research Hosp.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>M. E. Bank</b> (Degree or title) <b>W.D.</b>	22b. ADDRESS <b>9406 E. 63rd St. Raytown Mo.</b>	22c. DATE SIGNED <b>2-6-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-6-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brooking Cemetery</b>	23d. LOCATION (City, town, or county) <b>Raytown, Missouri</b>	(State)
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24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b>	ADDRESS <b>3235 Gilham Plaza</b>	25. DATE RECD. BY LOCAL REG. <b>2-6-61</b>	26. REGISTRAR'S SIGNATURE <b>Rutha Long</b>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF **M. E. Bank**  
 SHOULD READ

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *A. S. Walters*

Licensed Embalmer No. 2744

P. O. Address *K. E. 700*

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.