

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001969

AMENDED

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 162 STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 3 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital		d. STREET ADDRESS (If outside, give location) 3035 North 34th St.,	
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) First Middle Last (PEGGY) ELLEN RUBY REYNOLDS			4. DATE OF DEATH Month Day Year Jan. 9 1962		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-30-1909	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Laporte, Minn.	
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Nels Moberg		
13b. MOTHER'S MAIDEN NAME Hilda			14. NAME OF HUSBAND OR WIFE Mrs. Ruby Porter, Kansas City, Kans.		

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. none		17. INFORMANT Mrs. Ruby Porter, 3705 Walker Ave., Kansas City, Kans.	
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA			INTERVAL BETWEEN ONSET AND DEATH 10 M.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE			2 HRS.		
DUE TO (c) CARCINOMATOSIS (PRIMARY FROM LUNG)			6 Mos.		
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 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.)			
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 9/58 to DEATH and last saw her live on 1/9/62
Death occurred at 7:18 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Pete M. Indin (Degree or title)		22b. ADDRESS 1811 QUINDARO K.C 4 Ks		22c. DATE SIGNED 1/10/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Jan. 12, 1962		23c. NAME OF CEMETERY OR CREMATORY Chapel Hill	
23d. LOCATION (City, town, or county) Kansas City		23e. STATE Kansas		23f. FUNERAL DIRECTOR WERNER MORTUARY	

24. FUNERAL DIRECTOR ADDRESS WERNER MORTUARY		25. DATE RECD. BY LOCAL REG. 1-11-62		26. REGISTRAR'S SIGNATURE Ruth Long	
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 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 me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donald J. Werner

Licensed Embalmer No. 5007

P. O. Address Kansality 2, Kansas

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.