

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050868

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7139 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

STATES OF MISSOURI MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED JAN 17 1964		
1. PLACE OF DEATH		
a. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>55 YEARS</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2ND FLOOR SOUTH 2919 HARRISON STREET</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS <u>2ND FLOOR SOUTH 2919 HARRISON STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>NATHAN OLIVER REYNOLDS</u>		
4. DATE OF DEATH Month Day Year <u>DECEMBER 30 1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>2/11/1880</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK AND MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI PACIFIC RR.</u>
11. BIRTHPLACE (City and state or country) <u>NEAR HIGGINSVILLE MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN A. REYNOLDS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FLORA BOND</u>
14. NAME OF HUSBAND OR WIFE <u>MRS. LOTTIE L. REYNOLDS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>
17. INFORMANT <u>MRS. LOTTIE L. REYNOLDS</u> Address <u>2919 HARRISON STREET KANSAS CITY MO.</u>		
18. CAUSE OF DEATH (Enter only one cause per line)		
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Cerebral Vascular Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
DUE TO (b) <u>Arteriosclerosis, generalized</u>		<u>10 years</u>
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
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 <u>June 1957</u> to <u>Dec. 1963</u> and last saw ^{her} him live on <u>12-19-63</u>		
Death occurred at <u>8:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>James D. Dunleavy MD</u>		22b. ADDRESS <u>4620 C Nichols Pkwy KC 12 MO</u>
22c. DATE SIGNED <u>12-30-63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JAN. 1, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LEE'S SUMMIT CEMETERY</u>
23d. LOCATION (City, town, or county) (State) <u>LEE'S SUMMIT MISSOURI</u>		
24. FUNERAL DIRECTOR <u>DW NEWCOMER'S SONS</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-31-63</u>
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>		

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10:30 - 2:00
Mr. James H. Henderson
427 Plaza Parkway
Bldg. 4423 J. E. ...
0 - 0 - 0
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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 *James H. Henderson*

Licensed Embalmer No. 3306

P. O. Address Hammond City Mo

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.