

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24639**

**FILED** AUG 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1802 Registrar's No. 3205

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>K.C.</b>	
c. LENGTH OF STAY (In this place) <b>5 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1805. Duane 3328</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital Nos 2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Pansy</b>	b. (Middle) <b>Reed</b>	c. (Last) <b>Reed</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-11-52</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>11-7-07</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Liberty, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>
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13a. FATHER'S NAME <b>Edward Shepherd</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Swader</b>	14. NAME OF HUSBAND OR WIFE <b>John Reed</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. <b>NO.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sarah Swader 323 So Main Liberty, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>0570</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cerebrospinal Meningitis</b>		
	ANTECEDENT CAUSES Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-11-, 1952, to 7-11-52, 19  , that I last saw the deceased alive on 7-11-52, 19  , and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Frank Ellis, M.D.</b> (Degree or title)	23b. ADDRESS <b>600 E. 22nd St. K.C., Mo</b>	23c. DATE SIGNED <b>7-12-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 12-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lawrence</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty Mo</b>
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DATE REC'D BY LOCAL REG. <b>7-15-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Theresa Archer Co.</b> ADDRESS <b>Liberty, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed *John Lombard* .....

Licensed Embalmer No. *4448* .....

P. O. Address: *Shelby, 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 this body is not embalmed, fact should be so stated above.