

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34100**  
Registrar's No. **4889**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>4889</b>	
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, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>40 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>				STREET ADDRESS (If rural, give location) <b>2849 E. 7</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hugh</b>		b. (Middle) <b>Kavanaugh</b>		c. (Last) <b>Rea</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 21 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 20 1870</b>		9. AGE (in years last birthday) <b>83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Carrollton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Glayland Rea</b>		13b. MOTHER'S MAIDEN NAME <b>Patricia Brooks</b>		14. NAME OF HUSBAND OR WIFE <b>Lula Rea</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-22-3811</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lula Rea Kansas City, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary embolism</b>  ANTECEDENT CAUSES Morbidity 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 <b>Subtrochanteric fracture of left femur</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Intertrochanteric fracture right femur</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>E9020</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Above address</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Kansas City, Jackson, Missouri</b>		21d. HOW DID INJURY OCCUR? <b>Fell out of chair</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 8 1954 A.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Oct. 8</b> , 19 <b>54</b> , to <b>Oct. 21</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Oct. 21</b> , 19 <b>54</b> , and that death occurred at <b>6:40 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B.I. Burns</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>10-21-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 21 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Carrollton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-21-54</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs CL. Forster Funeral Home K.C. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Dean Owens*

Licensed Embalmer No. 428

P. O. Address K. C., 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.