

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19707

State File No. 2356

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cowley</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u>		d. STREET ADDRESS (If rural, give location) <u>1408 East 2nd</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Osteopathic Hospital</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clerice</u>			b. (Middle) <u>S.</u>		c. (Last) <u>Nevens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 17, 1886</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>C. W. Singleton</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rupp</u>				14. NAME OF HUSBAND OR WIFE <u>Raleigh Nevens</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raleigh Nevens, Winfield, Kansas</u> ADDRESS _____								
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar pneumonia (rt)</u> DUE TO (c) <u>Malignant uterine 174X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic endometritis with hemorrhage.</u>										INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>36 hrs.</u> <u>1 year</u>	
19a. DATE OF OPERATION <u>hysterectomy</u>		19b. MAJOR FINDINGS OF OPERATION <u>Outgrowth from endometrium - organized masses.</u>										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Margaret Jones DO</u> (Degree or title)						23b. ADDRESS <u>P.O. 3839<sup>th</sup> St. K.C. 2 Mo.</u>			23c. DATE SIGNED <u>5-30-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5-31-49</u>		24c. NAME OF CEMETERY OR CREMATORY _____			24d. LOCATION (City, town, or county) (State) <u>Winfield, Kansas</u>						
DATE REC'D BY LOCAL REG. <u>5-31-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Treeman Mortuary, Kansas City, Mo.</u> ADDRESS _____							

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1958

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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

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.