

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8892
1314

FILED APR 8 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Missouri</u> b. COUNTY <u>Jackson</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>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>4200 Norledge</u> <u>3088</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4200 Norledge</u>			d. STREET ADDRESS (If rural, give location) <u>4200 Norledge</u> <u>3088</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>NEUHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never mar</u>	8. DATE OF BIRTH <u>June 15 1920</u>		9. AGE (in years last birthday) <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Furnace Co</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph Newham</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Yambert</u>		14. NAME OF HUSBAND OR WIFE <u>-</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>494-14-1592</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Yambert</u> ADDRESS <u>4200 Norledge</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>influenza 4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>4 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 15 1950</u> to <u>Mar 16 1950</u> , that I last saw the deceased alive on <u>Mar 16, 1950</u> , and that death occurred at <u>3:18 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>S.J. Sulkowski</u> (Name or title) <u>D.O.</u>			23b. ADDRESS <u>1601 Belmont</u>		23c. DATE SIGNED <u>3/17/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
DATE REC'D BY LOCAL REG. <u>3-20-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.J. Blackman & Son, Inc</u> ADDRESS <u>Kansas City Mo.</u>	

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 E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address 2825 IND. BLVD

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.