

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20376

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2679

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) <u>TOWN Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5331 Highland LITTLE SISTERS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> c. (Last) <u>Neugent</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 22 1875</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days	IF UNDER 1 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>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Tom Neugent</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Beale</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</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>Padden Funeral Home</u>
		ADDRESS <u>Holton, Kansas</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Interstitial Nephritis</u>		
	DUE TO (c) <u>Arterio sclerosis</u>		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"/>
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 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 May 10, 1950, to June 15, 1950, that I last saw the deceased alive on 6-15, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title)	23b. ADDRESS <u>402 Westman Bldg</u>	23c. DATE SIGNED <u>6/16/50</u>
-----------------------------------------------------------	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 16 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Holton Kansas</u>
-------------------------------------------------------------	----------------------------------	----------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>6-16-50</u>	REGISTRAR'S SIGNATURE <u>Maudine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster</u>	ADDRESS <u>918 Brooklyn K.C.Mo.</u>
--------------------------------------------	------------------------------------------------	-------------------------------------------------------------	----------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

JOE B. Yoder
4173

Licensed Embalmer No.

Signed.....

Student Embalmer

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 this body is not embalmed, fact should be so stated above.