

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37173

State File No. _____

FILED NOV 25 1950

4708

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>Johnson</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>4 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mission</u>		<u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5430 Riggs Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Neighbor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>II-7-50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-II-1876</u>		9. AGE (In years last birthday) <u>74</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)		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Assumption, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry T. Prichard</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah E. Swartz</u>		14. NAME OF HUSBAND OR WIFE <u>James A. Neighbor</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 ADDRESS <u>James A. Neighbor 5430 Riggs Rd.</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>Carcinomatous biliary obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of biliary tract</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10-9-50</u> <u>155X</u>	
19a. DATE OF OPERATION <u>10-25-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Exploration revealed Carcinoma</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 <u>10-9-50</u> , 19____, to <u>II-7-50</u> , 19____, that I last saw the deceased alive on <u>11-7-50</u> , 19____, and that death occurred at <u>6:25A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C.G. Leitch</u> (Degree or title)				23b. ADDRESS <u>1109 Prof. Bldg. K.C.Mo.</u>		23c. DATE SIGNED <u>II-7-50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>II-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Overland Park Ks.</u>	
DATE REC'D BY LOCAL REG. <u>11-8-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Simmons</u>		ADDRESS <u>K.C.K.</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *H. Simmons*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3903.....

P. O. Address N. C. K......

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.