

FILED JAN 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40813**
5387
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		State File No. 40813		Registrar's No. 5387															
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)																		
a. COUNTY <u>Jackson</u>					a. STATE <u>Mo</u>																		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					b. COUNTY <u>Jackson</u>																		
c. LENGTH OF STAY (In this place) <u>25 yrs</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>																		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 Woodland Conv. Home</u>					d. STREET ADDRESS (If rural, give location) <u>3025 E 6th</u>																		
3. NAME OF DECEASED			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)											
(Type or Print)			<u>NELLIE</u>			<u>MAE</u>			<u>KLEIN</u>			<u>12/22/50</u>											
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH			9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.									
<u>Fem</u>		<u>Wh</u>		<u>Married</u>			<u>6/27/1888</u>			<u>62</u>		Months		Days									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?											
<u>Housewife</u>								<u>Lawrence Kans</u>				<u>U. S.</u>											
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE															
<u>Thomas B. Brooks</u>				<u>Elizabeth Jane Fee</u>				<u>John M. Klein</u>															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS											
<u>no</u>				<u>link</u>				<u>John M. Klein, 3025 E 6th</u>															
18. CAUSE OF DEATH												MEDICAL CERTIFICATION											
Enter only one cause per line for (a), (b), and (c)												I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 28 hrs.</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES				DUE TO (b) <u>Carcinoma of rectum</u>				DUE TO (c)			
												Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
												II. OTHER SIGNIFICANT CONDITIONS				154							
												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 <u>Feb</u> , 19 <u>50</u> , to <u>Dec. 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 21</u> , 19 <u>50</u> , and that death occurred at <u>8:04 A. m.</u> , from the causes and on the date stated above.																							
23a. SIGNATURE <u>H. F. Gamms</u> (Degree or title) <u>D.O.</u>								23b. ADDRESS <u>1102 E 47th K.C. Mo.</u>				23c. DATE SIGNED <u>12-22-50</u>											
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)											
<u>Removal</u>				<u>5/2/24/50</u>				<u>St Joseph's Cemetery</u>				<u>Yates Center, Kans</u>											
DATE REC'D BY LOCAL REG. <u>12-22-50</u>				REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil, K. C. Mo.</u>				ADDRESS											

(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.....
Student Embalmer

Signed

John P. Stahl

Licensed Embalmer No. 3625

P. O. Address. N C Md

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.