

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14396**

FILED MAY 1 1953

Registrar's No. **1983**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1983</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>40 Yrs</b>		c. CITY OR TOWN <b>Jackson</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1010 Bellefontaine 3188 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Viola</b> c. (Last) <b>Niece</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 10 1953</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 7 1894</b>		9. AGE (In years last birthday) <b>59</b>	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, or on if retired) <b>Nursewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Nebo, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lawrence Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>No Record</b>		14. NAME OF HUSBAND OR WIFE <b>William E. Niece Sr.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-22-8347</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William E. Niece Jr. Kansas City Mo.</b>			
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) <b>Respiratory Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral acidosis</b> DUE TO (c) <b>Chronic Asthma</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>331X</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		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 <b>4-5-1953</b> , to <b>4-10-1953</b> , that I last saw the deceased alive on <b>4-10-1953</b> , and that death occurred at <b>12:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. W. Parker</b> (Degree or title) _____				23b. ADDRESS <b>320 1/2 E 12th St.</b>		23c. DATE SIGNED <b>4-10-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 13 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>4-13-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs C.L. Forster 918 Brooklyn Kas. City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Be 5-5-76  
?

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.....  
Signature of Student Embalmer

Signed *Dean Owens* .....

Licensed Embalmer No. *428*

P. O. Address *918 Brooklyn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.