

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25052

State File No. ....

FILED AUG 13-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3732

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. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1017 Locust Street</u> <u>3148</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schuyler Hotel, 1017 Locust</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u>		b. (Middle) <u>S.</u> c. (Last) <u>NEISWINTER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7 26 1953</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 5, 1890</u>	
9. AGE (In years last birthday) <u>63</u>		10. a. DURING OCCUPATION (Give kind of work done usual most of working life, even if retired) <u>Chief Personal Property Assn.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Gov. Div. Gen. Service</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Topeka, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry J. Neiswinter</u>	
13b. MOTHER'S MAIDEN NAME <u>Clara Joy</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Neiswinter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Neiswinter</u>		ADDRESS <u>1017 Locust Street</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> Had, lately, been treated for heart disease in <u>California.</u> DUE TO (b) <u>California.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) (Min.)		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>7-26</u> , 19 <u>52</u> , to <u>7/26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-26</u> , 19 <u>53</u> , and that death occurred at <u>11:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R.M. Callaway M.D.</u>		23b. ADDRESS <u>206 E. 12th St. Topeka</u>	
23c. DATE SIGNED <u>7-27-1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Topeka Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>U.S. Newsome</u>	
DATE REC'D BY LOCAL REG. <u>7-28-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>1331 Brush Creek Blvd. Kansas City, Missouri.</u>			

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

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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. *Robert E. Heron*.....

Licensed Embalmer No. *484*.....

P. O. Address *K.P. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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