U.S. No. 300
Rev. 10.48

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

FILED JAN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45095

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 6133

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas city.
c. LENGTH OF STAY (in this place): 42 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5410 East 23 st.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas city 3228
d. STREET ADDRESS (If rural, give location): 5410 East 23 st.

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): RICHARD
c. (Last): NEBEL

4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 1-1869
9. AGE (In years last birthday): 84 — 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): Retired 20 YRS.
10b. KIND OF BUSINESS OR INDUSTRY: SALESMAN
11. BIRTHPLACE (City and State or Foreign Country): CINCINNATI Ohio 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN Nebel
13b. MOTHER'S MAIDEN NAME: MARY SCHROEDER
14. NAME OF ~~HUSBAND OR~~ WIFE: MAYME NEBEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-16-9256
17. INFORMANT'S SIGNATURE OR NAME: Mrs J. R. Harris — ADDRESS: 5410 East 23 st K.C. MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio-Vascular Renal Disease — several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 16 1953, *to* Dec 28, 1953, *that I last saw the deceased alive on* Dec 26, 1953, *and that death occurred at* 9:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. Powers (Degree or title): John M Powers MD
23b. ADDRESS: 3804 Linwood
23c. DATE SIGNED: 12/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC-31-1953
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Elmwood CEMETERY
24d. LOCATION (City, town, or county) (State): Clinton MO.

DATE REC'D BY LOCAL REG.: 12-30-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D W Newcomer's Sons — ADDRESS: 1331 Brush Creek K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. H812

P. O. Address Kansas City, 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.