

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30748**
Registrar's No. **4323**

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| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 4323 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 30 yrs. | | c. CITY OR TOWN Kansas City | | d. Is 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 4011 Oak | | | | e. STREET ADDRESS (If rural, give location) 4011 Oak | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary | | b. (Middle) Elizabeth | | c. (Last) Neptune | | 4. DATE OF DEATH (Month) (Day) (Year) 9 7 1954 | |
| 5. SEX Fe. | | 6. COLOR OR RACE Wh. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | | 8. DATE OF BIRTH Aug. 27, 1863 | |
| 9. AGE (In years last birthday) 91 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired hswife. | | | 10b. KIND OF BUSINESS OR INDUSTRY self | | | 11. BIRTHPLACE (City and State or Foreign Country) Dresden, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | | | | | | |
| 13a. FATHER'S NAME Levi Covey | | | 13b. MOTHER'S MAIDEN NAME Laura Van Hoy | | 14. NAME OF HUSBAND OR WIFE John Hollister Neptune | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX | | 16. SOCIAL SECURITY NO. XXX | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. R. A. Brown ADDRESS 516 W. 39th 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular DUE TO (c) Arteriosclerosis Sen. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs 5 yrs 10 yrs | |
| 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) | | 4208 | |
| 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 Aug , 19 49 , to Sept 9 , 19 54 , that I last saw the deceased alive on Jan 12 , 19 54 and that death occurred at 12:45 P. M. , from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE (Degree or title) John R. Whitman MD | | | | 23b. ADDRESS 6314 Brookside Plaza | | 23c. DATE SIGNED 9-1-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 9/9/1954 | | 24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cmtry. | | 24d. LOCATION (City, town, or county) (State) Jackson County Mo. | |
| DATE REC'D BY LOCAL REG. 9-9-54 | | REGISTRAR'S SIGNATURE Nevar Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE BENTLEY MORTUARY | | ADDRESS 5811 Troost | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John R. Whitman

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..... *John R. Bidm*
Licensed Embalmer No. *45*
P. O. Address *Kansas*

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.