

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 7 1955 STANDARD CERTIFICATE OF DEATH

State File No. 26370
3627

BIRTH NO. 9265 50248-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 15 Days		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 General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 1220 W. 20 Terr. 3308	

3. NAME OF DECEASED (Type or Print) a. (First) Tina b. (Middle) Ann c. (Last) Neff			4. DATE OF DEATH (Month) (Day) (Year) 8 16 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	
8. DATE OF BIRTH 7-31-1955		9. AGE (In years last birthday) 26 1/5		10. F UNDER 1 YEAR Months 11. F UNDER 2 HRS. Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (City, and State or Foreign Country) K.C. Mo. 6	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Kenneth Neff		13b. MOTHER'S MAIDEN NAME Judy K. Hefnagel	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Kenneth Neff		18. ADDRESS Same		19. MEDICAL CERTIFICATION	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH	
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____		776x	
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" 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) m.		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 July 31, 1955, to Aug. 16, 1955, that I last saw the deceased alive on Aug. 16, 1955, and that death occurred at 12:45 AM., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns, M.D.		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 8-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-17-55		24c. NAME OF CEMETERY OR CREMATORY St. Marys	
24d. LOCATION (City, town, or county) Kansas City, Mo.		24e. (State)		24f. FUNERAL DIRECTOR'S SIGNATURE B.C. Weeber	
24g. ADDRESS K.C. 8 Mo.		24h. DATE REC'D BY LOCAL REG. 8-17-55		24i. REGISTRAR'S SIGNATURE Vera Minshel	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *B. E. Weir*

Licensed Embalmer No. *407*

P. O. Address *L. C. S. M.*

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.