

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33432**
4347

FILED OCT 25 1955

BIRTH NO. _____ 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 admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 60 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 Home 330 So. Bellaire		STREET ADDRESS (If rural, give location) 330 S. Bellaire	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First)	b. (Middle) M.	c. (Last) NEUMAN	4. DATE OF DEATH October 10 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 14th, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 24 HRS. Hours _____ Min _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City of K. Retired	10b. KIND OF BUSINESS OR INDUSTRY Fireman	11. BIRTHPLACE (City and State or Foreign Country) Deniphan Co. Kansas	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Carl J. Neuman	13b. MOTHER'S MAIDEN NAME Josephine Engle	14. NAME OF HUSBAND OR WIFE Lillian Neuman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-36-9104A	17. INFORMANT'S SIGNATURE OR NAME Daughter Mrs. Harold F. Austin	ADDRESS 330 So. Bellaire
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 months 15 years 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
	DUE TO (c) Generalized		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Jan 2, 1954**, to **Oct 10, 1955**, and that I last saw the deceased alive on **Oct 10, 1955** and that death occurred at **12:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George W. Griffith M.D.	23b. ADDRESS 733 Pratt St. N.W. N.W. Okla	23c. DATE SIGNED Oct 10/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-12-55	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 10-10-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS 1800 E. Linwood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
George W. Griffith

Geo. Griffith
V13466
2-5 906 Grand

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..... *James E. Hackler*
Licensed Embalmer No. *45*
P. O. Address..... *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.