

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **36954**

**NOV 29 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4891**

|   |   |   |   |
|---|---|---|---|
| <b>1. PLACE OF DEATH</b>  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). |   |
| a. COUNTY<br><b>Jackson</b>   | a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> ) | c. LENGTH OF STAY (in this place) <b>11 days</b>  | c. CITY OR TOWN <b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>                     |   | e. STREET ADDRESS (If rural, give location) <b>8815 E. 8th St.</b>                            |   |

|  |                          |                       |                        |  |
|--|--------------------------|-----------------------|------------------------|--|
| <b>3. NAME OF DECEASED</b> (Type or Print) | a. (First) <b>Melvin</b> | b. (Middle) <b>W.</b> | c. (Last) <b>Negus</b> | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>Nov. 10, 1955</b> |
|--|--------------------------|-----------------------|------------------------|--|

|                              |   |   |   |  |  |  |
|------------------------------|---|---|---|--|--|--|
| <b>5. SEX</b><br><b>male</b> | <b>6. COLOR OR RACE</b><br><b>white</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>married</b> | <b>8. DATE OF BIRTH</b><br><b>Aug. 16, 1913</b> | <b>9. AGE</b> (In years last birthday) <b>42</b> | <b>IF UNDER 1 YEAR</b> Months _____ Days _____ | <b>IF UNDER 1 HR.</b> Hours _____ Min. _____ |
|------------------------------|---|---|---|--|--|--|

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|--|--|--|---|
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Inspector</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Sheffield Steel Co.</b> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><b>Kansas City, Mo.</b> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>USA</b> |
|--|--|--|---|

|   |  |  |
|---|--|--|
| <b>13a. FATHER'S NAME</b><br><b>Austin R. Negus</b> | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Edith McCarty</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Juanita Negus</b> |
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|--|--|---|----------------|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | <b>16. SOCIAL SECURITY NO.</b><br><b>487 05 3967</b> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Mrs. Juanita Negus, Kansas City, Mo.</b> | <b>ADDRESS</b> |
|--|--|---|----------------|

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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><br><b>5401</b> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Perforated Gastric Ulcer</b>   |  |  |
|  | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>DUE TO (b) Gastric Hemorrhage</b><br><b>DUE TO (c) Chronic Nephritis</b> |  |  |

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|---|---|--|
| <b>19a. DATE OF OPERATION</b><br><b>11/9/55</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>very large perforated gastric ulcer nephrolithiasis</b> | <b>20. AUTOPSY?</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|--|---|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)        | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>                      |

**22. I hereby certify that I attended the deceased from Oct 29, 1955, to Nov 10, 1955, that I last saw the deceased alive on 11/10, 1955, and that death occurred at 5:30P m., from the causes and on the date stated above.**

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| <b>23a. SIGNATURE</b> <b>Dr. Selmer W. Tonkens</b> (Degree or title) <b>D.O.</b> | <b>23b. ADDRESS</b><br><b>318 Blue Ridge</b> | <b>23c. DATE SIGNED</b><br><b>11/12/55</b> |
|--|--|--|

|   |                                     |   |   |
|---|-------------------------------------|---|---|
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Burial</b> | <b>24b. DATE</b><br><b>11/14/55</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Floral Hills Cem.</b> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>Raytown, Mo.</b> |
|---|-------------------------------------|---|---|

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|--|---|--|--|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>11-12-55</b> | <b>REGISTRAR'S SIGNATURE</b><br><b>Neva Trinchell</b> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Geo. C. Carson</b> | <b>ADDRESS</b><br><b>Independence, Mo.</b> |
|--|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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..... *Harold E. Keeler*

Licensed Embalmer No... *466*

P. O. Address... *Indigo N.*

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.