

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10157**BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **5964** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Northern Heights Platte		c. CITY OR TOWN Northern Heights	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 31 Yrs.		e. STREET ADDRESS (If rural, give location) 2830	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Florence	b. (Middle) J.	c. (Last) Field	(Month) (Day) (Year) April 3 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 9, 1881
9. AGE (In years last birthday) 74		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Brock, Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John H. King		13b. MOTHER'S MAIDEN NAME Nancy E. Neidig	14. NAME OF HUSBAND OR WIFE George W. Field
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. 487-10-2483	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Field Northern Heights, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular Disease		INTERVAL BETWEEN ONSET AND 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) _____			
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"/>
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 10 1954 to April 31 1956 , that I last saw the deceased alive on Mar. 31 1956 , and that death occurred at 8:00p m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ray E. Stortan M.D.		23b. ADDRESS Claycomo, Mo.	23c. DATE SIGNED April 4-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-5-56	24c. NAME OF CEMETERY OR CREMATORY East Slope Cemetery	24d. LOCATION (City, town, or county) (State) Platte County, Mo.
DATE REC'D BY LOCAL REG. April 4. 56	REGISTRAR'S SIGNATURE Bephia Rollins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons North Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1956



VS DEC 1 1960

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 *Glenn H. Hill*.....

Licensed Embalmer No. *450*

P. O. Address *K.C. 161*

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