

Dept. Health,
& Welfare
S. Public
Health Service

STANDARD CERTIFICATE OF DEATH

36031

STATE FILE NUMBER 4768

FILED NOV 1 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4768

V. S. 300
Rev. 1-57

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, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		Length of stay in 1b 12 1/2	d. STREET ADDRESS (If outside, give location) 1101 Park Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Neal Last Neal			4. DATE OF DEATH Month Sept. Day 30 Year 1957		
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5. SEX Male	2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) about 50	10. UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	11. UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer	10b. KIND OF BUSINESS OR INDUSTRY Restaurat	11. BIRTHPLACE (City and state or country) Seethie, Okla	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Beulah	14. NAME OF HUSBAND OR WIFE unk
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date and type of service) no no	16. SOCIAL SECURITY NO. unk	17. INFORMANT Mrs. W.S. Thomas Address 1101 Park
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):		490+
DUE TO (c):		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at 9-30-57 5:15 P to 9-30-57 and last saw her alive on 9-30-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. R. Peterson M.D.	22b. ADDRESS 600 East 22nd Street	22c. DATE SIGNED 10-14-57
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-1-57	23c. NAME OF CEMETERY OR CREMATORY Blue Bridge Lawn K.C. College of Osteopathy	23d. LOCATION (City, town, or county) (State) Kansas City, Mo. Kansas
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24. FUNERAL DIRECTOR Brigham Jones ADDRESS 18th & Park	25. DATE RECD. BY LOCAL REG. 10-15-57	26. REGISTRAR'S SIGNATURE Reva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. R. Peterson

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STANDARD FORM NO. 1

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. 1 working under my personal supervision.

Student Signature of Student Embalmer

Signed [Handwritten Signature] Licensed Embalmer No. 1028

P. O. Address [Handwritten Address]

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.