Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036530

STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4991

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Length of stay in Ib 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 1900 Linwood (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Addie; Middle; Last ~~Neiswager~~ NEISWANGER

4. DATE OF DEATH: Month 10 Day 22 Year 58

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH JULY 17 1865

9. AGE (In years last birthday) 93 — 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) HOME MAKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Ohio

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Wentworth Dutashire

13b. MOTHER'S MAIDEN NAME Priscilla Littrell

14. NAME OF HUSBAND OR WIFE GEORGE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Mrs. Florence Bonner — Address 4216 Spruce

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Perforation of colon
DUE TO (c) Ca of the colon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153.0

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-22-58, to 10-22-58 and last saw her/him alive on 10-22-58
Death occurred at 6:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title) M.D.

22b. ADDRESS K.C. General Hospital

22c. DATE SIGNED 10-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-25-58

23c. NAME OF CEMETERY OR CREMATORY FOREST HILL

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Mellody - Mc Gilley Eylar — ADDRESS K.C. Mo.

25. DATE RECD. BY LOCAL REG. 10-23-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Abraham Gelperin

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 .....

Licensed Embalmer No. 2999

P. O. 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.