

X  
FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004882

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 31

300  
-57 3

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Claycoma</b>		c. CITY OR TOWN <b>North Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>69 Hiway</b>		d. STREET ADDRESS (If outside, give location) <b>2008 Fayette St.</b>	
Length of stay in lb <b>15 yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Benjamin H. Nevius</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>12,</b> Year <b>1959</b>		
---	--	--	---	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>cauc.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-31-1888</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
-----------------------	----------------------------------	---	---------------------------------------	---	---	-----------------

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>Retired machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Regis Bag Co.</b>	11. BIRTHPLACE (City and state or country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	--	---

13a. FATHER'S NAME <b>John R. Nevius</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Hempy</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Nevius</b>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No, <input type="checkbox"/> (If yes, give year or dates of service) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>496-09-2381</b>	17. INFORMANT <b>Mrs. Edward Schrt, 5101 Wyandotte</b>	Address
---	---	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chest Injuries</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Car Truck Collision</b>		
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 checked="" 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.)
--	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 <b>600</b> COUNTY _____ STATE _____
---	--	--	--

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
---

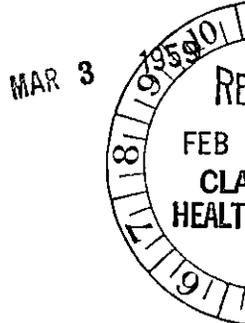
22a. SIGNATURE <b>J. Spate - M.D. Coroner</b> (Degree or title)	22b. ADDRESS <b>North Kansas City, Mo.</b>	22c. DATE SIGNED <b>2/13/59</b>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-16-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Prarie Ridge Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Polo, Missouri</b>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons-No.K.C.Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-16-59</b>	26. REGISTRAR'S SIGNATURE <b>Marquette Hudgens</b>
--	---------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *John H. Kalsbeek* .....

Licensed Embalmer No. *4949* .....  
P. O. Address *No. Kansas C* .....

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.