URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040258

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5792

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 35 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5241 GARFIELD — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: missouri b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5241 GARFIELD — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: HEDWIG SCHLEINECKE NIEMEYER
4. DATE OF DEATH Month Day Year: NOV 30, 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: NOV 18, 1894
9. AGE (last birthday): 65 yrs.
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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:
11. BIRTHPLACE (City and state or country): QUINCEY ILL.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ADOLF SCHLEINECKE
13b. MOTHER'S MAIDEN NAME: DORIS HENNINGS
14. NAME OF HUSBAND OR WIFE: ELMER H. ~~NEIMEYER~~ NIEMEYER
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.: NONE
17. INFORMANT Address: ROBERT D. NIEMEYER 5241 GARFIELD

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): Cachexia - — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Astrocytoma - — 5 yrs -
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — none
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 Jan 1950, to death and last saw her/him alive on 11-24-59
Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): MOSS
22b. ADDRESS: G. M. OSGOOD M. D. 104 P. V. MEDICAL BLDG. 71ST AT TOMAHAWK
22c. DATE SIGNED: 12-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 2, 1959
23c. NAME OF CEMETERY OR CREMATORY: FOREST HILL CEM
23d. LOCATION (City, town, or county) (State): PRAIRIE VILLAGE, KANSAS KANSAS CITY MO.
24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS K. C. MO.
25. DATE RECD. BY LOCAL REG.: 12-1-59
26. REGISTRAR'S SIGNATURE: Lewis Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert L. Stragl

Signature of Student Embalmer

Licensed Embalmer No. 4812

P. O. Address Kansas City

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