

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 2 7 3

FILED VS DEC 3 0 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6064

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS City		Length of stay in 1b 1 1/2 Mo	c. CITY OR TOWN KANSAS City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. #1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1413 Southwest Blvd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edith Middle Neer Last Neer	4. DATE OF DEATH Month 12 Day 15 Year 1959
---	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 7-1885 74	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
----------------------	-------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) KANSAS City Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	--

13a. FATHER'S NAME George Eads	13b. MOTHER'S MAIDEN NAME Sarah Unknown	14. NAME OF HUSBAND OR WIFE Lee Neer
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Dolly Henne Address 2211 So 10th K.C. Mo
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) severe dehydration and malnutrition		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic heart disease	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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.)
--	---	--

20c. TIME OF INJURY Hour 11:15 A. Month, Day, Year 12-15-1959	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 KANSAS City COUNTY JACKSON STATE MO
--	--	--	--

21. I attended the deceased from 12-15-1959 to 12-15-1959 and last saw her alive on 12-15-1959 Death occurred at 11:15 A. m on the date stated above, and to the best of my knowledge from the causes stated.
--

22a. SIGNATURE L. Sawyer (Degree or Title)	22b. ADDRESS 2400 Perry St	22c. DATE SIGNED 12/16/59
--	--------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-17-59	23c. NAME OF CEMETERY OR CREMATORY Maple Hill	23d. LOCATION (City, town, or county) KANSAS City Kan
---	------------------------------	---	---

24. FUNERAL DIRECTOR Estes Funeral Home ADDRESS 1101 Blaine Blvd	25. DATE RECD. BY LOCAL REG. 12.16.59	26. REGISTRAR'S SIGNATURE Reva Minshall
---	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DWOYOR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul R. Williams

Licensed Embalmer No. 5009

P. O. Address Overland

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.