

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027045

FILED VS JUL 26 1960 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3649

STATE FILE NUMBER

DED

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) OR TOWN Kansas City		Length of stay in lb 40 yrs.		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 Trinity Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 300 Benton		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MRS. VERONICA AGNES NETTROUER				4. DATE OF DEATH Month Day Year July 10 1960				
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 11-20-1891	9. AGE (last birthday) 68	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 Home		11. BIRTHPLACE (City and state or country) Evansville, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Nicholas Schmitt			13b. MOTHER'S MAIDEN NAME Emilia Kennel		14. NAME OF HUSBAND OR WIFE Herbert J. Nettleouer			
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 Mrs. Edna M. Powers 2221 Denver				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertatic Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 2 da	
DUE TO (b) Leg Amputation							23 da	
DUE TO (c) General Embolus							34 da	
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 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 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		COUNTY STATE		
21. I attended the deceased from 1958 , to 12 July 60 and last saw her ^{her} alive on 12 July 60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Robert M. Myers M.D.				22b. ADDRESS 1025 Quail Bldg		22c. DATE SIGNED 13 July 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-13-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
24. FUNERAL DIRECTOR Melody-MoGilley-Eylar Funeral Home 1800 E. Linwood Blvd.			25. DATE RECD. BY LOCAL REG. 7-13-60		24. REGISTRAR'S SIGNATURE Neva Minshall			

DOCUMENT

Robert M. Myers MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Robert
Kialto

June - 1

MS JUL 23 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by Lloyd F. Dieckman, Student Embalmer No. 60

working under my personal supervision.

Student Lloyd F. Dieckman Signed James E. Dieckman
Signature of Student Embalmer

Licensed Embalmer No. 457

P. O. Address KC Mo

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