URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

60-030719

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4191

NDED

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 Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5538 Lydia Avenue
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) 5538 Lydia Avenue
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOYCE Middle LOUISE Last NIEHOUSE
4. DATE OF DEATH Month August Day 12 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/4/1938
9. AGE (last birthday) 22
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) None
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Louis Edward Niehouse
13b. MOTHER'S MAIDEN NAME Ina Marie White
14. NAME OF HUSBAND OR WIFE None
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. 495-10-6385 C
17. INFORMANT Address Mrs. H.D. Zachary, 5538 Lydia, K.C., Mo.

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cirrhosis of Liver — 4 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Nephritis
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 ☐
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 1938, to 11 Aug 1960 and last saw her alive on 11 Aug 1960
Death occurred at 12:30 P.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 Waite Bldg
22c. DATE SIGNED 12 Aug 60

BY AFFIDAVIT OF Robert M. Myers

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Missouri
24. FUNERAL DIRECTOR D.W.Newcomer's Sons, ADDRESS 1331 Brush Creek Blvd. Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 8-15-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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