

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-003045

STATE FILE NUMBER

FILED FEB 5 1962 274

Registration District No. Primary Registration District No. 3052

Registrar's No. 45

AMENDED

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Pettis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia	Length of stay in 1b 15 Months	a. STATE Kansas	b. COUNTY Wyandotte
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 3140 S. 28th Street		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First SANDRA	Middle KAY	Last NEITZERT	Month January	Day 29	Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1960	9. AGE (last birthday) 1	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****		10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Roy J. Neitzert		13b. MOTHER'S MAIDEN NAME Elsie Cornine		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *****		16. SOCIAL SECURITY NO. *****	17. INFORMANT Roy J. Neitzert, Kansas City, Kansas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Myocardial Failure					30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Electrolyte Imbalance					3 days
DUE TO (c) Dehydration from vomiting and diarrhea					9 days.
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 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 1-27-62 to 1-29-62 and last saw her <u>her</u> alive on 1-29-62 Death occurred at 11:35 p on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) J.M. Rodeman, M.D.			22b. ADDRESS London Bldg. Sedalia, Mo.		22c. DATE SIGNED 1-30-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 31, 1962	23c. NAME OF CEMETERY OR CREMATORY Flat Creek Baptist	23d. LOCATION (City, town, or county) Pettis County, Missouri	(State)	
24. FUNERAL DIRECTOR D. W. HECKART, Gillespie Funeral Home Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. 1-30-1962	26. REGISTRAR'S SIGNATURE Frances Shelby		

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 E. Farmer Jr

Licensed Embalmer No. 5173

P. O. Address Delalia Ma

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.