

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33756**
Registrar's No. **4521**

FILED NOV 3 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1602**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 5538 Lydia Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) Edward c. (Last) Niehouse			4. DATE OF DEATH (Month) (Day) (Year) Oct 21 1951		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Aug 22 - 1889		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during greater part of working life. If retired) CATTLE BUYER		10b. KIND OF BUSINESS OR INDUSTRY STOCKYARD'S		11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A					

13a. FATHER'S NAME LOUIS E. Niehouse		13b. MOTHER'S MAIDEN NAME SARAH E. Lumb		14. NAME OF HUSBAND OR WIFE INA MARIE Niehouse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 4495-10-6385		17. INFORMANT'S SIGNATURE OR NAME MRS. INA MARIE NIEHOUSE ADDRESS 5538 LYDIA AVENUE KANSAS CITY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edemat Congestion		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Encephalomalacia			
		DUE TO (c) Cardiac Hypertrophy (Hypertensive)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				443X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that **Edward Niehouse** died on **Oct 21 1951** at **5:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill		23b. ADDRESS 711 S.D. 3001 Wyandotte St. KC 8 Mo.		23c. DATE SIGNED 21 Oct 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct 23 1951		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI					

DATE REC'D BY LOCAL REG. 10-23-51		REGISTRAR'S SIGNATURE D. S. D.		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons ADDRESS 1381 Brush Creek Kansas City Mo	
--	--	---------------------------------------	--	--	--

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John T. Deane

Licensed Embalmer No. *445-3*

P. O. Address *St. Louis City*

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 this body is not embalmed, fact should be so stated above.