

FILED APR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13049**
 Registrar's No. **1773**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (In this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6823 E 13th St.,		d. STREET ADDRESS (If rural, give location) 6823 E 13th St.,	

3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE b. (Middle) LORETTA c. (Last) NOWLIN			4. DATE OF DEATH (Month) (Day) (Year) 4/16/52		
5. SEX Fem /	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/12/1877		9. AGE (In years last birthday) 74 if UNDER 1 YEAR Months Days if UNDER 24 HRS. 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	11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Neighbors	13b. MOTHER'S MAIDEN NAME Stacey Sportsman	14. NAME OF HUSBAND OR WIFE Thomas B. Nowlin		
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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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Nowlin, 6823 E 13th		
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral artery thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast			INTERVAL BETWEEN ONSET AND DEATH 3 mos 10 yrs 332X 5 yrs 3 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 I attended the deceased from **Jan 28**, 1949, to **Apr 17**, 1952, that I last saw the deceased alive on **Apr 17**, 1952, and that death occurred at **9:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Martin J. Mueller (Degree or title) M.D.		23b. ADDRESS 934 Angyle Berg K.C.Mo.	23c. DATE SIGNED Apr 18 '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/18/52	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, MO
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DATE REC'D BY LOCAL REG. 4-18-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Print name of student embalmer

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
Student Embalmer

Signed John P. Sheel
Licensed Embalmer No. 3625

P. O. Address 17 C Md

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.