

STANDARD CERTIFICATE OF DEATH

State File No. **26375**

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3451

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) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 60 YEARS

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL

e. STREET ADDRESS (If rural, give location) 330 SOUTH BELLAIRE AVE.

3. NAME OF DECEASED
a. (First) MARIE b. (Middle) E. c. (Last) NEUMAN

4. DATE OF DEATH (Month) (Day) (Year) AUGUST-6-1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH OCT-14-1890

9. AGE (In years last birthday) Months Days Hours Min. 64

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WARREN M. VAUGH

13b. MOTHER'S MAIDEN NAME NANCY JONES

14. NAME OF HUSBAND OR WIFE ALBERT A. NEUMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. BERTHA RYARK 429 E. 12th Street 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viral encephalitis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS metastatic Ca to skeletal system from left breast.

INTERVAL BETWEEN ONSET AND DEATH Two weeks

82 x H

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) Kansas City Jackson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1955, to Aug 6, 1955, that I last saw the deceased alive on Aug 6, 1955, and that death occurred at 10:05 AM, from the causes and on the date stated above.

23a. SIGNATURE B. L. Shireman (Degree or title) MD.

23b. ADDRESS 4126 St. John Ave. K.C., Mo.

23c. DATE SIGNED 8-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG-8-1955

24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 8-7-55

REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.H. Newcomer Sons 1331-DRUM CREEK KANSAS CITY MO.

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

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 *Rollie Kessel*.....

Licensed Embalmer No. *4696*

P. O. Address *K.C.M.*

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.