

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8827

STATE FILE NUMBER

FILED MAR 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1027

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 178
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wheatley Hospital		Length of stay in 15 17 yrs.	d. STREET ADDRESS (If outside, give location) 2511 E. 10th St.

3. NAME OF DECEASED (Type or print) First VIRGINIA Middle AGNES Last NEFF		4. DATE OF DEATH Month 3 - Day 2 - Year 1957	
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 29, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY Western Union	9. AGE (In years last birthday) 57 yrs.
13. FATHER'S NAME Elis Neff		14. MOTHER'S MAIDEN NAME Fannie Orgeon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-26-9191	
17. INFORMANT Francis Neff		Address 1206 E. 13th St. K.C. Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs 260X
DUE TO (b) <u>Arterial Hypertension</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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 <u>Nov. 27, 1956</u> to <u>March 2, 1957</u> and last saw her alive on <u>March 2, 1957</u> Death occurred at <u>7:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>M. C. Lewis, M.D.</u>	22b. ADDRESS <u>210 Lincoln Bldg</u>	22c. DATE SIGNED <u>3/5/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/8/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>
23d. LOCATION (City, town, or county) <u>Marshall, Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>L. E. Davis</u>	ADDRESS <u>K. C. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-5-57</u>	26. REGISTRAR'S SIGNATURE <u>Neon Marshall</u>
--	----------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible
 Doctor, coroner, etc. must use only standard nomenclature
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 M. C. Lewis

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 *Lewis H. Jackson*

Licensed Embalmer No. *48*

P. O. Address *K.C.*

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.