FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13265

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1848

Health, Welfare Public Service

300 1-56

4

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Grosse Nursing Home — Length of stay in 1b: 3 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansasi b. COUNTY: Wyandotte
c. CITY OR TOWN: Turner 8150 8 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 5336 Swartz Rd. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Eva Middle: Lena Last: McIntyre

4. DATE OF DEATH: Month: April Day: 17 Year: 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 13, 1877
9. AGE (In years last birthday): 79 — 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: Home
11. BIRTHPLACE (City and state or country): Baldwin, Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph F. Lobingier
14. MOTHER'S MAIDEN NAME: Effie Kerns

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.: None
17. INFORMANT: Daughter Address: Mrs Don C. Palermo, Turner, Kans.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia, terminal — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage, generalized arteriosclerosis — 10 days
DUE TO (c) Fracture of left hip - 10 years ago; ~~Fracture of right hip - 3 years ago~~ — 331 X
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 ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12-23-52, to 4-17-57 and last saw her/him alive on 4-17-57
Death occurred at 4-17-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. G. Neighbor MD (Degree or title) 0
22b. ADDRESS: 1420 S. 42nd, K. C. Ks.
22c. DATE SIGNED: 4-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/20/1957
23c. NAME OF CEMETERY OR CREMATORY: Prairie City Cemetery
23d. LOCATION (City, town, or county) (State): Baldwin, Kansas

24. FUNERAL DIRECTOR ADDRESS: Gates Funeral Home, K. C. Kans.
25. DATE RECD. BY LOCAL REG.: 4-19-57
26. REGISTRAR'S SIGNATURE: Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. G. Neighbor

Dr. Ernest Neighbors
1420 South 42nd.
Pa 1-6060.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Murray Wilson....

Licensed Embalmer No. 49

P. O. Address Shawne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.