

Health, Welfare Public Service

FILED AUG 23 1957

STANDARD CERTIFICATE OF DEATH

28313
STATE FILE NUMBER 3560

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

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) TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2905 Forest Ave.		Length of stay in lb 35 yrs.	
STREET ADDRESS 2410 Park Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jessie Middle Last Neal			4. DATE OF DEATH Month July Day 27 Year 1957		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 6, 1899	9. AGE (In years less birthday) 58	IF FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
--------------------	------------------------------	--	---	--	--	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Bar	11. BIRTHPLACE (City and state or country) Nacogdoches, Texas	12. CITIZEN OF WHAT COUNTRY? U.
--	---	---	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Costello Stevenson
--------------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give branch, dates of service) Yes World War II	16. SOCIAL SECURITY NO. 496-05-4800	17. INFORMANT Address Mrs. Marion G. Brown, Kansas City, 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) Pulmonary congestion DUE TO (b) Chronic ^{Left} Meningitis (a.m.c.) DUE TO (c) Neurovascular Calcification		INTERVAL BETWEEN ONSET AND DEATH 3403
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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Deputy Coroner</i>	22b. ADDRESS 3-1618 Lydia Ave	22c. DATE SIGNED 7/29/57
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/31/57	23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	23d. LOCATION (City, town, or country) (State) Kansas City, Kansas
---	-----------------------------	--	--

24. FUNERAL DIRECTOR Badeau, Appleton & Jones	ADDRESS S. K.C., Mo.	25. DATE RECD. BY LOCAL REG. 7-29-57	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
---	--------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. TILMAN

All diseases in Part I must be causally related.

KP
2

2-1-5181

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 *Consuelo A. Adams*

Licensed Embalmer No. *4944*
P. O. Address *K. C., Mo.*

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.