

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024920
STATE FILE NUMBER 3634

FILED AUG 15 1958 Registration District No. 393 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, North</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City, North</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4426 No. Topping</u>		Length of stay in lb <u>17 yrs.</u>	STREET ADDRESS (If outside, give location) <u>4426 Topping, North</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>T</u> Last <u>Nevins</u>			4. DATE OF DEATH Month <u>7</u> Day <u>25</u> Year <u>58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 19, 1884</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Calloway Co., Mo.</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard K. Nevins</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ollie Nevins.</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-02-7417</u>	
17. INFORMANT <u>Ollie Nevins</u>		Address <u>of the Home</u>		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>Cerebral Hemorrhage</u> DUE TO (b) <u>Previous Cerebral Hemorrhage due to Gen. Atherosclerosis + Hypertension 1953</u> DUE TO (c) <u>3317</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		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 _____ 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 <u>Clay Co.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from _____ Date occurred at _____ <u>May 1954 to July 26 1958</u> last saw him alive on <u>July 15, 1958</u> <u>7:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Theresa W. Henderson MD</u>		22b. ADDRESS <u>Liberty, Mo</u>	
22c. DATE SIGNED <u>7/26/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/28/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Mem. S.</u>		23d. LOCATION (City, town, or county) <u>Clay Co.</u>		STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>A. W. New Comer Sons. N.K.P.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7-28-58</u>	
26. REGISTRAR'S SIGNATURE <u>neva minshall</u>					

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Clenn W. Hendren

Henderson

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A.

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 *John H. Kalsbeck*

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas City*

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.