MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0031085
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3884

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED SEP 5 1967

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: SINCE 1946
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LUKES HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7443 WALNUT
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARY Middle E. Last KNEIB
4. DATE OF DEATH: Month JULY Day 24, Year 1967

5. SEX: FEMALE
6. COLOR OR RACE: CAUC
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Jan. 29, 1893
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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:
11. BIRTHPLACE (City and state or country): HEMPLE MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: FREDERICK KARL
13b. MOTHER'S MAIDEN NAME: MARY L. FISHER
14. NAME OF HUSBAND OR WIFE: JAMES E. KNEIB

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.: 491-32-2890-B
17. INFORMANT Address: JAMES E. KNEIB 25 WEST 74 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): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic brain syndrome due to — 2 yrs.
DUE TO (c): Cerebral arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cardiac failure secondary to # 1 diagnosis

PART III. If deceased was female was there a pregnancy in last 90 days.
[ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 10-1-64 to 7-24-67 and last saw her alive on 7-24-67
Death occurred at 6:10 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arnold V. Arms M.D.
22b. ADDRESS: 4320 Wornall Road, K C Mo.
22c. DATE SIGNED: 7-24-67

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: July 27, 1967
23c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR: MUEHLEBACH
ADDRESS: 6800 TROOST
25. DATE RECD. BY LOCAL REG.: 7-26-67
26. REGISTRAR'S SIGNATURE: Luther Boyd

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	918		
4	1		
5	1		
7	0		
8	2		
9	420.1		
13	1266-0		

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.

13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS ... INSTE...

ITEM NO. | SHOULD READ | BY AFFIDAVIT OF Arnold V. Ames

MEDICAL CERTIFICATION

which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ... 8/4

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bilateral Pulmonary Fibrosis.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 10-1-64, to 7-24-67 and last saw her alive on 7-24-67.
Death occurred at Kansas City, Mo 6:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arnold V. Ames M.D.

22b. ADDRESS 4320 Warwick K.C. Mo.

22c. DATE SIGNED 7-24-67

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JULY ~~26~~ 27, 1967

23c. NAME OF CEMETERY OR CREMATORY MT OLIVET

23d. LOCATION (City, town, or county) KANSAA CITY (State) MO

24. FUNERAL DIRECTOR MUEHLEBACH ADDRESS 6800 TROOST

25. DATE RECD. BY LOCAL REG. 7-26-67

26. REGISTRAR'S SIGNATURE Luther Boyd

(Licensed Embalmer's Statement on Reverse Side)

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 J. Lamon

Licensed Embalmer No. 4424

P. O. Address 6800 Troost 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.