

FILED AUG 21 1949

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

State File No.

3336

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Olathe</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>121 North Water Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital 1</u>			
3. NAME OF DECEASED a. (First) <u>HOMER</u>		b. (Middle) <u>P.</u>	
		c. (Last) <u>MEEKS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 5, 1879</u>
9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Groceryman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery store</u>	11. BIRTHPLACE (State or foreign country) <u>Hale, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Yes.</u>
13a. FATHER'S NAME <u>Richard H. Meeks</u>		13b. MOTHER'S MAIDEN NAME <u>Joanna Morris</u>	
		14. NAME OF HUSBAND OR WIFE <u>Antie M. Meeks</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>509-10-8185</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Antie M. Meeks</u> ADDRESS <u>Olathe</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH (continued) INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>			
19a. DATE OF OPERATION <u>7/22/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic hypertrophy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>1946</u> , to <u>July 31, 1949</u> , that I last saw the deceased alive on <u>July 31, 1949</u> , and that death occurred at <u>4 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R.E. Riederer</u> (Degree or title)		23b. ADDRESS <u>Olathe Kansas</u>	
		23c. DATE SIGNED <u>8/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hale Missouri.</u>
DATE REC'D BY LOCAL REG. <u>8-2-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Taylor</u> ADDRESS <u>Olathe KS</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Maclon W. Frye

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Maclon W. Frye*

Licensed Embalmer No. *3615*

P. O. Address *Olatche MS.*

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 this body is not embalmed, fact should be so stated above.