

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12262

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raymore	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) no street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) F.	
		c. (Last) Meckel	
4. DATE OF DEATH (Month) (Day) (Year) April 13, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 26, 1884
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 8 Days 17	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) Retired Millwright		10b. KIND OF BUSINESS OR INDUSTRY Milling Company Davenport, Iowa	
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Edna Meckel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-09-4725	
17. INFORMANT'S SIGNATURE OR NAME Mrs. G. F. Meckel		ADDRESS Raymore, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERAL HEMORRHAGE</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) CHR. MYOCARDITIS.</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION L		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) L		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) (Minute) _____		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 APR 10, 1950 , to APR 13, 1950 , that I last saw the deceased alive on APR 13, 1950 , and that death occurred at 12:20 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James J. Jones MD		23b. ADDRESS Harrisonville Mo	
23c. DATE SIGNED 4-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 15, 1950	
24c. NAME OF CEMETERY OR CREMATORY Raymore Cemetery		24d. LOCATION (City, town, or county) (State) Raymore, Mo.	
DATE REC'D BY LOCAL REG. April 15, 1950		25. FUNERAL DIRECTOR'S SIGNATURE Edna Meckel	
REGISTRAR'S SIGNATURE James J. Jones		ADDRESS Belton, Mo.	

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

0190

0190

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
Student Embalmer

Signed A. H. George

Licensed Embalmer No. 3648

P. O. Address Grandview, 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 this body is not embalmed, fact should be so stated above.