

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14114

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5962 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bean Lake Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN K. C.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 2317 S. 8th	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) James	c. (Last) Meyer	(Month) 4-23	(Day) 50	(Year)
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer for Procter & Gamble		10b. KIND OF BUSINESS/ OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City, Kans./		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William Meyer	13b. MOTHER'S MAIDEN NAME Anna May Moore	14. NAME OF HUSBAND OR WIFE Deloris Pattimor
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. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. James Meyer
		ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8:508 72
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION MS		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bean Lake, Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshall Township Platte, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Boat Turned over

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Tom H. Hullett D	(Degree or title)	23b. ADDRESS Platte City Mo	23c. DATE SIGNED 4-23-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-23-50	24c. NAME OF CEMETERY OR CREMATORY Kansas City, Mo.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo
DATE REC'D BY LOCAL REG. 4-23-50	REGISTRAR'S SIGNATURE Uphiea Ballin	25. FUNERAL DIRECTOR'S SIGNATURE QUIRK & TOBIN	ADDRESS R. C. M. MAIN LINDWOOD

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **MAY 2**
District Health Officer No. 8,
District File Number _____
Date Filed 5/4/50

MAR 2 1951

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Westing 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.