

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20373**
Registrar's No. **2733**

BIRTH NO. 44424-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital | | d. STREET ADDRESS (If rural, give location) 3210 Olive | |

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|---|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Devour c. (Last) Meadows | | | 4. DATE OF DEATH (Month) (Day) (Year) June 17, 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) D | 8. DATE OF BIRTH June 16, 1951 | 9. AGE (In years last birthday) 18 | IF UNDER 1 YEAR Months Days 18 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME Bobby Franklin Meadows | 13b. MOTHER'S MAIDEN NAME Ramona Winnie Cox | 14. NAME OF HUSBAND OR WIFE --- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT'S SIGNATURE OR NAME Ramona Meadows | ADDRESS 3210 Olive |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 77⁵ |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pre-viable birth | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| II. OTHER SIGNIFICANT CONDITIONS Feeble musculature of respiration | | | |

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| 19a. DATE OF OPERATION --- | 19b. MAJOR FINDINGS OF OPERATION --- | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) --- | 21b. PLACE OF INJURY (e.g., to 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 6-16-, 1951, to 6-17-, 1951, that I last saw the deceased alive on 6-17-, 1951, and that death occurred at 1:40 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE Luther W. Swift | (Degree or title) D.O. | 23b. ADDRESS 23105 Indep Ave | 23c. DATE SIGNED 6/24/51 |
|--|----------------------------------|--|------------------------------------|

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|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE 6-20-51 | 24c. NAME OF CEMETERY OR CREMATORY K.C.C.O.S. Path. Lab. | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 6-17-51 | REGISTRAR'S SIGNATURE Seraldine Holman | 25. FUNERAL DIRECTOR'S SIGNATURE K.C. College of Naturopathy K.C. Mo. | ADDRESS --- |
|--|--|---|-----------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

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