

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42361
5388

FILED DEC 20 1952		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 5388
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) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 70 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 638 Huntington Road 3848		
3. NAME OF DECEASED (Type or Print) NELLIE		a. (First) KEITH	b. (Middle) MEINERS	c. (Last) MEINERS
4. DATE OF DEATH 12 7 1952		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4/2/1876		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Long Point, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Albert Keith		13b. MOTHER'S MAIDEN NAME Emma Hallam
14. NAME OF HUSBAND OR WIFE Frederick F. Meiners		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. None
17. INFORMANT'S SIGNATURE OR NAME- ADDRESS Helen L. Meiners, 638 Huntington Rd.		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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 53 days		
ANTECEDENT CAUSES		DUE TO (b) Coronary Thrombosis		Oct 12, 52
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Atherosclerosis, generalized		self
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Oct 16, 1952 , to Dec 8, 1952 , that I last saw the deceased alive on Dec 8, 1952 , and that death occurred at 12:20 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Arnold V Arms (Degree or title) MD		23b. ADDRESS 4635 Wyandotte K.C. Mo.		23c. DATE SIGNED 12/8/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/10/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		DATE REC'D BY LOCAL REG. 12-9-52		REGISTRAR'S SIGNATURE Sheraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., MO.		ADDRESS		

Mr. Arnold V. Crane - 4635 Regent St.
- Je 0552 -
2-6 -
(Wofford Memorial)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.