

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45090

State File No.

FILED JAN 22 1954

6165

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>6165</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>22 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital No. 1</u>				STREET ADDRESS (If rural, give location) <u>3120 Benton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>Russell</u> c. (Last) <u>Meyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 31 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 14 1919</u>		
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>La borer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Chase Bag Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Medicine Lodge Kansas /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Frank Meyer</u>			13b. MOTHER'S MAIDEN NAME <u>Oma Wald on</u>			14. NAME OF HUSBAND OR WIFE <u>Singl e</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY # <u>496 16 03109</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Oma Meyer 3120 Benton Blvd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(c) Rheumatic Heart Disease</u> ANTECEDENT CAUSES <u>(b) Auricular Fibrillation</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>(c) Occlusion Lt. Carotid and</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Internal Cerebral Artery</u>					INTERVAL BETWEEN ONSET AND DEATH <u>410h</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>Dec. 29</u> , 19 <u>53</u> , to <u>Dec. 31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec. 31</u> , 19 <u>53</u> , and that death occurred at <u>1:12A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. I. Burns, M.D.</u>				23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>12-31-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B ural</u>		24b. DATE <u>1/2/ 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-31-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u>		ADDRESS <u>Kansa s Cit y Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 1961

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 Signature of Student Embalmer

Signed *John R. [Signature]* Licensed Embalmer No. 295 P. O. Address N.C. [Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.