

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4972

461

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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) 27 yrs.		c. CITY OR TOWN Kansas City		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital				e. STREET ADDRESS (If rural, give location) 2538 Holmes			
3. NAME OF DECEASED (Type or Print) Carl		a. (First)		b. (Middle) F.		c. (Last) Meyer	
4. DATE OF DEATH (Month) (Day) (Year) 1 28 54		5. SEX D M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH 1-26-1865		9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair		11. BIRTHPLACE (City and State or Foreign Country) Germany	
10a.		10b. KIND OF BUSINESS OR INDUSTRY Shoe shop		11.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Meyer			13b. MOTHER'S MAIDEN NAME Anna Schmidt			14. NAME OF HUSBAND OR WIFE Elizabeth Meyer	
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 H.J. Meyer		ADDRESS 4325 Mercier KCMO.	
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) <i>Coronary Sclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i> ANTECEDENT CAUSES <i>General Arterio sclerosis</i> DUE TO (b) <i>10 yrs.</i> DUE TO (c) <i>Myocardial Insufficiency</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Pulmonary edema</i> <i>3 wks.</i> <i>5 days</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 <i>7/4</i> , 19 <i>54</i> , to <i>1-28</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>1-27</i> , 19 <i>54</i> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>P. J. O'Connell</i>				23b. ADDRESS <i>327 Apple Bldg KCMO</i>		23c. DATE SIGNED <i>1-29-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-54		24c. NAME OF CEMETERY OR CREMATOR Mt. Olivet		24d. LOCATION (City, town, or county) (State) Kansas City MO.	
DATE REC'D BY LOCAL REG. 1-29-54		REGISTRAR'S SIGNATURE <i>Sheldene Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Melody-McGillev-Eylar</i>		ADDRESS KCMO.	

(Licensed Embalmer's Statement on Reverse Side)

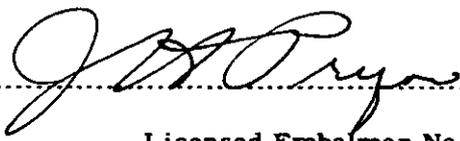
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

D. P. J. O'Connell  
Vi 331A  
Angelo Bldg.  
1:30

**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 .....  
Licensed Embalmer No. 274

P. O. Address K C .....

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.