

FILED DEC 27 1954  
STANDARD CERTIFICATE OF DEATH

State File No. **41101**  
**5558**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>25 yrs.</b>		STREET ADDRESS (If rural, give location) <b>110 1325 Troost Avenue 3160</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mallott Nursing Home</b>			
3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lena</b>	b. (Middle) <b>E.</b>	c. (Last) <b>MEECKE</b>
4. DATE OF DEATH	(Month) (Day) (Year) <b>Dec. 1, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>9-16-69</b>
9. AGE (In years last birthday) <b>87.85</b>		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Wathena, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Wiegant</b>	
13b. MOTHER'S MAIDEN NAME <b>Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Theodore Meecke</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-12-3093</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Meecke, 2817 Kensington, KC, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		DUE TO (b) <b>Arteriosclerosis</b>		<b>2 yrs</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<b>2 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4500</b>
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)	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 11-15-54 to 12-1-54, that I last saw the deceased alive on 12-1-54 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Paul Laurenzana</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>428 S. White Ave</b>	23c. DATE SIGNED <b>12-1-54</b>
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>12-3-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belmont Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Wathena, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody-McGilley-Eylar</b> ADDRESS <b>Kansas City, Mo.</b>
DATE REC'D BY LOCAL REG. <b>12-3-54</b>	REGISTRAR'S SIGNATURE <b>new minshall</b>	

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

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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 *Melvin Bartea*.....

Licensed Embalmer No. *490*

P. O. Address *KCT*

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.