

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36938

State File No.

4890

FILED NOV 29 1955

BIRTH NO. 89009-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place) <p align="center">25 min</p>		c. CITY OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">St. Mary's Hospital</p>		• STREET ADDRESS <p align="center">449 W. 99th. St.</p>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Infant MARY		a. (First) MARY		b. (Middle)	
		c. (Last) MEINERS		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">11 12 55</p>	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH <p align="center">11-12-55</p>		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Kansas City, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>		13. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Kansas City, Missouri</p>	
13a. FATHER'S NAME <p align="center">Bill Meiners</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Helen M. Houlihan</p>		14. NAME OF HUSBAND OR WIFE <p align="center">None</p>	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Mr. Bill Meiners 149 W. 99th</p>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">anencephaly</p> ANTECEDENT CAUSES Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p align="center">not known</p> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center">not known</p>		INTERVAL BETWEEN ONSET AND DEATH <p align="center">at birth</p> <p align="center">750x</p>	
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) 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>11/12/55</u> , to <u>11/12/55</u> , that I last saw the deceased alive on <u>11/12/55</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <p align="center"><i>[Signature]</i></p>		23b. ADDRESS <p align="center">1103 Grand Ave</p>		23c. DATE SIGNED <p align="center">11/12/55</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <p align="center">11-14-55</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Calvary</p>	
24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City Missouri</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Melody-McGilley-Evlar</p>		ADDRESS <p align="center">1800 E. Linwood</p>	
DATE REC'D BY LOCAL REG. <p align="center">11-12-55</p>		REGISTRAR'S SIGNATURE <p align="center"><i>[Signature]</i></p>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD Joseph G. Webster

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..... *James E. Hack*

Licensed Embalmer No. *452*

P. O. Address *N.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.