

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20619

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2679

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) Kansas City c. LENGTH OF STAY (in this place) 29 yrs. c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri River + State Pen e. STREET ADDRESS (If rural, give location) 1328 East 36th St. 35380

3. NAME OF DECEASED a. (First) THOMAS b. (Middle) MICHAEL c. (Last) MEEHAN 4. DATE OF DEATH (Month) (Day) (Year) June 14, 1956

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH Dec. 13, 1926 9. AGE (In years last birthday) 29 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Retail Clothing 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Patrick J. Meehan 13b. MOTHER'S MAIDEN NAME Mary Glenn 14. NAME OF HUSBAND OR WIFE never married

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. 500-20-3258 17. INFORMANT'S SIGNATURE OR NAME Patrick J. Meehan ADDRESS 3240 W. Coleman Rd. K. C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by drowning INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) found floating in river

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kans. City Jackson MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? unidentified

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE Hugh H. Owens (Degree or title) 23b. ADDRESS 1034 Pinalto Bldg 23c. DATE SIGNED 6-18-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-26-56 24c. NAME OF CEMETERY OR CREMATORY St. Marys 24d. LOCATION (City, town, or county) (State) Kansas City, MO

DATE REC'D BY LOCAL REG. 6-18-56 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE QUIRK & TOBIN ADDRESS 20 W. Linwood, K. C. Mo.

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23. SIGNATURE Hugh H. Owens (Degree or title) 23b. ADDRESS 1134 Pinalto Bldg 23c. DATE SIGNED 6-18-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-18-1956 24c. NAME OF CEMETERY OR CREMATORY MT Calvary Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City MO

DATE REC'D BY LOCAL REG. 6-18-56 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE Signature Bros ADDRESS 16. (MO)

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

WRITE PLAINLY—USING UNFADING BLACK INK

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.....

P. O. Address

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.

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..... Leonard P. ...

Licensed Embalmer No. 448

P. O. Address ... R.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.