

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13290
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1669

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|---|--|--|---|
| 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, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital | | Length of stay in lb 20 yrs | d. STREET ADDRESS (If outside, give location) 750 West 47th St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|--|------------------------|---------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or print) HERMAN D. MEUFFELS | First HERMAN | Middle D. | Last MEUFFELS | 4. DATE OF DEATH April 10, 1957 |
|--|------------------------|---------------------|-------------------------|---|

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|-----------------------|----------------------------------|---|---|--|---|--------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 25 1899 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
|-----------------------|----------------------------------|---|---|--|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Eng. - Reynolds | 10b. KIND OF BUSINESS OR INDUSTRY Gas Regulator Co | 11. BIRTHPLACE (City and state or country) Lamar, Kansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13. FATHER'S NAME Herman Meuffels | 14. MOTHER'S MAIDEN NAME Louise Mory |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I Navy | 16. SOCIAL SECURITY NO. 490-09-6379 | 17. INFORMANT Mrs. Odelle M. Meuffels - 750 W. 47th |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure | | INTERVAL BETWEEN ONSET AND DEATH 1 week. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Myocardial Infarction | | 3 to 7 days. |
| | DUE TO (c) Old Myocardial Infarction | | 42 y 11 years. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bilateral Pneumonia | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
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| 20c. TIME OF INJURY. Hour, Month, Day, Year a. m. p. m. |
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|--|---|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, shop, etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|---|------------------------------|--------|-------|

21. I attended the deceased from **1-24 1944** to **4-10-57** and last saw ^{her} ~~him~~ alive on **4-9-57**
Death occurred at **5 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
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| 22a. SIGNATURE (Degree or title) Frank B. Leitz M.D. | 22b. ADDRESS 1530 Prof Bldg. University of Mo | 22c. DATE SIGNED 4-10-57 |
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|--|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-12-57 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill | 23d. LOCATION (City, town, or County) (State) Kansas City Mo. |
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| 24. FUNERAL DIRECTOR Stine & McClure - Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 4-10-57 | 26. REGISTRAR'S SIGNATURE new Marshall |
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(Licensed Embalmer's Statement on Reverse Side)

S. 300
y. 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank B. Leitz

MEDICAL CERTIFICATION

HA-1-1331



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 *Elmer D. Gylett*

Licensed Embalmer No. 48

P. O. Address K.C. Mo.

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.