

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1957

STATE FILE NUMBER **1465**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1465

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 ST. JOSEPH Hospital			Length of stay in lb 27 YEARS	d. STREET ADDRESS 7429 LYDIA AVE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROGER P. MEYERS			4. DATE OF DEATH MARCH -26- 1957 Month Day Year		
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 MAY 18, 1895	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker & OWNER			10b. KIND OF BUSINESS OR INDUSTRY CENTRO REALTY CO REAL ESTATE	11. BIRTHPLACE (City and state or country) LINCOLN, NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME CHARLES MEYERS			14. MOTHER'S MAIDEN NAME BERTHA RHIMSCHILD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 486-03-9565	17. INFORMANT NAOMI MEYERS Address 7429 LYDIA K.C. Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of colon DUE TO (c) :					INTERVAL BETWEEN ONSET AND DEATH 3 months 1 year 153 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from June 20, 1956 to Mar. 26, 1957 and last saw her him alive on Mar. 26, 1957 Death occurred at 8:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. B. Cunningham (Degree or title)			22b. ADDRESS 836 Argyle Bldg., Kansas City		22c. DATE SIGNED 3-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-29-57	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY		(State), MISSOURI
24. FUNERAL DIRECTOR P. W. NEWSOMERSONS ADDRESS 1331 BRUSH CREEK BLVD K.C. Mo.			25. DATE RECD. BY LOCAL REG. 3-29-57	26. REGISTRAR'S SIGNATURE Norm Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wm. B. Mc Cunniff M. D.

MEDICAL CERTIFICATION

MAY 7 1950

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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.....
Rollie Fessel

Licensed Embalmer No. 4690

P. O. Address K.C.M.

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.