

FILED SEP 9 1957

STANDARD CERTIFICATE OF DEATH

State File No. 28453

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Rural Washington</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>#33 North 56th St Terrace</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hwy #150 + K.C.S.R.R. tracks</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Dale</u> c. (Last) <u>Meyers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct 27, 1935</u>
9. AGE (In years last birthday) <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airman 1st Class</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S.A.F.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lee Meyers</u>		13b. MOTHER'S MAIDEN NAME <u>Eula Bonebrake</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED OVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>8-2-54 - 8-28-57</u>		16. SOCIAL SECURITY NO. <u>513-30-6582</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eula Meyers</u> ADDRESS <u>Kansas City, Kansas</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock + Hemorrhage, resulting from multiple skull fractures, causing injury of chest + compound fractures of Rt arm + left leg</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Washington</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>you Jackson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-28-57 4:25 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car train collision</u>	
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 <u>4:25 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. C. Taylor Jr. M.D. Deputy Coroner</u>		23b. ADDRESS <u>6627 Road #15 and</u>	23c. DATE SIGNED <u>8-28-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-30-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>
DATE REC'D BY LOCAL REG. <u>8/29/57</u>	REGISTRAR'S SIGNATURE <u>Stirling E. Goddard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. George & Sons Grandview Mo.</u>	

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

10-6-4

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.