

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044284

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6188

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MISSOURI JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL		Length of stay in hospital 16 days	d. STREET ADDRESS (If outside, give location) 1927 Lister
3. NAME OF DECEASED (Type or print) First ALBERT Middle George Last MEUFFELS			4. DATE OF DEATH Month 12- Day 27- Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-17-84
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none packer		9b. KIND OF BUSINESS OR INDUSTRY Jackson Mfg Co	9. AGE (In years last birthday) 74
10a. FATHER'S NAME HERMAN MEUFFELS		10b. MOTHER'S MAIDEN NAME LOUISE MAY	10. BIRTHPLACE (City and state or country) WINONA, MINN.
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12. SOCIAL SECURITY NO. 513-05-1794	11. NAME OF HUSBAND OR WIFE PEARL MEUFFELS
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE RECTAL SIGMOID WITH WIDESPREAD			12. CITIZEN OF WHAT COUNTRY? U.S.A.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTASIS			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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 12-27-58 , to 12-27-58 and last saw her/him alive on 12-27-58 Death occurred at 1:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Abraham Gelperin</i> (Degree or title) 0		22b. ADDRESS GENERAL HOSPITAL K.C.MO	
22c. DATE SIGNED 12-29-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-30-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	23d. LOCATION (City, town, or county) (State) Lawrence, Kansas
24. FUNERAL DIRECTOR C. H. Blackman ADDRESS San Joe, Mo. 155 Mo.		25. DATE RECD. BY LOCAL REG. 12-29-58	26. REGISTRAR'S SIGNATURE Neval Minshall

Abraham Gelperin USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *W.C. Quinn*

Licensed Embalmer No. *4899*

P. O. Address *1507 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.