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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005750
STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 585

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5822 Prospect — Length of stay in 1b 57 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location) 5822 Prospect — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print) First: Carl Middle: Last: Meyer
4. DATE OF DEATH Month: Jan. Day: 29 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED # NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: Feb. 15, 1901
9. AGE (In years at last birthday): 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainence Shop
10b. KIND OF BUSINESS OR INDUSTRY: Western Union
11. BIRTHPLACE (City and state or country): Kansas City Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Joachin Meyer
13b. MOTHER'S MAIDEN NAME: Anna Meuvis
14. NAME OF HUSBAND OR WIFE: Pearl Meyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-10-3091
17. INFORMANT: Pearl Meyer — Address: 5822 Prospect K.C.Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-sclerosis — 2 yrs
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cirrhosis of the Liver
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 9-20-52, to 1-29-59 and last saw him alive on 8-25-55
Death occurred at 10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. Marcus Heller (Degree or title) M.D.
22b. ADDRESS 409 E. 63rd
22c. DATE SIGNED 1-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/2/59
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Stine & McClure K. C. Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 1-30-59
26. REGISTRAR'S SIGNATURE Eneva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
B. Marcus Heller

Om. 1-0121
will be in office 1st 3rd

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.