THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013437

STATE FILE NUMBER

FILED MAY 1 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1830

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 5622 SCARRITT — Length of stay in Hospital 14 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 5622 SCARRITT (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDNA Middle MAY Last MEADOR

4. DATE OF DEATH Month APRIL Day 10 Year 1959

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH APRIL 15, 1896

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most active life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and state or country) POLK COUNTY, MO;

12. CITIZEN OF WHAT COUNTRY? U.S;A.

13a. FATHER'S NAME JAMES ASHWORTH

13b. MOTHER'S MAIDEN NAME MARGARET A. BRUNER

14. NAME OF HUSBAND OR WIFE ALVA MEADOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) NO — (If yes, give war or dates of service) *****

16. SOCIAL SECURITY NO. *****

17. INFORMANT VELMA FORTNER — Address 5622 SCARRITT K.C; MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary occlusion 4201

DUE TO (c) Arteriosclerotic Cardiovascular disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus Hypertensive Cardiovascular disease

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1-9-59, to 4/10/59 and last saw ~~him~~ her alive on 4-10-59

Death occurred at 8:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. A. Underwood (Degree or title) M D

22b. ADDRESS 5100 E. 24th K.C. MO

22c. DATE SIGNED 4/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 4/13/59

23c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE CEM;

23d. LOCATION (City, town, or county) (State) URBANA, MISSOURI

24. FUNERAL DIRECTOR C. H. BLACKMAN & SON INC; ADDRESS K.C. Mo.

25. DATE RECD. BY LOCAL REG. 4-11-59

26. REGISTRAR'S SIGNATURE Neva Marshall

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

H. A. Underwood

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed W. C. Rinne

Licensed Embalmer No. 4879

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.