

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013438

FILED MAY 1 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 1750

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| 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) Kansas City | | 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. Mary's Hosp. | | d. STREET ADDRESS (If outside, give location) 1809 Brothell Ave. | |
| Length of stay in lb Life | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First James Middle Martin Last Meaney | | | 4. DATE OF DEATH Month April Day 4 Year 1959 |
| 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 Dec. 14, 1912 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Missouri Pac. R. R. | 9. AGE (In years last birthday) 46 IF UNDER 1 YEAR: Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) Kansas City Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13a. FATHER'S NAME Martin Meaney | | 13b. MOTHER'S MAIDEN NAME Katherine Fitzgarld | 14. NAME OF HUSBAND OR WIFE Marie Meaney. |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Address Marie Meaney 1809 Brothell 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) Retroperitoneal hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Perforation of duodenal stump & abscess formation DUE TO (c) Gastric resection for intractable duodenal ulcer | | | INTERVAL BETWEEN ONSET AND DEATH 5411 |
| 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? 1 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 3-1-59 to 4-4-59 and last saw him alive on 4-4-59 Death occurred at 2:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE L. M. Roberts MD (Degree or title) | | 22b. ADDRESS Argyle Bldg. K.C. Mo. | 22c. DATE SIGNED 4-6-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-7-59 | 23c. NAME OF CEMETERY OR CREMATOR Mt. Olivet | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home K. C. Missouri | | 25. DATE RECD. BY LOCAL REG. 4-6-59 | 26. REGISTRAR'S SIGNATURE neva Marshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

L. M. Roberts

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 *Richard E. Carroll*

Licensed Embalmer No. *4829*
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.