

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029201

FILED VS AUG 21 1959

149

Registration District No. 1002 Registrar's No.

3776

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 yrs.	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 1120 Ward Parkway			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1120 Ward Parkway	
3. NAME OF DECEASED (Type or print) First E. Middle N. Last Meador			4. DATE OF DEATH Month August 3, Day 1959 Year		
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 May 30, 1878	9. AGE (last birthday) 81
IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Newspaper	10b. KIND OF BUSINESS OR INDUSTRY Owned Newspaper	11. BIRTHPLACE (City and state or country) Barry County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Geroge H. Meador		13b. MOTHER'S MAIDEN NAME Lucy Boothe		14. NAME OF HUSBAND OR WIFE Lena Meador	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Lena Meador, 1120 Ward Pkwy, 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) Myocardial degeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma left upper eye lid Probable metastases to nearby left side head DUE TO (c) arteri sclerosis					INTERVAL BETWEEN ONSET AND DEATH Years Several Years 3 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) One year ago pyelonephritis & cystitis Dr. B.A. Poorman					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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					
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 Aug-1-1959 to Aug-3-1959 and last saw her/him alive on 11 Aug-3-1959 Death occurred at 12:55 PM Aug-3-1959 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Herbert Tutthill M.D.			22b. ADDRESS 1211-Rialto Bldg		22c. DATE SIGNED Aug 4 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	23b. DATE Aug. 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Temple	23d. LOCATION (City, town, or county) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 8-4-59	26. REGISTRAR'S SIGNATURE <i>newminshel</i>		

DOCUMENT

Herbert Tutthill MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed J. S. Walter

Licensed Embalmer No. 2744

P. O. Address N. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.