

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-036293

FILED VS NOV 2 1959 149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5043

STATE FILE NUMBER

RECEIVED

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 25 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2405 Tracy		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last Charles Meeks				4. DATE OF DEATH Month Day Year 10 17 59											
5. SEX male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-20-12		9. AGE (last birthday) 46		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Malvern Ark		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME Charles Meeks				13b. MOTHER'S MAIDEN NAME Mossie Ella Green				14. NAME OF HUSBAND OR WIFE Maytenna Meeks							
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. 509-16-II52				17. INFORMANT Cardell Meeks 600 Oakland K C K				Address			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic glomerulonephritis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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)										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 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 a.m. p.m. 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 10-15-1959 to 10-17-1959 and last saw him ^{her} alive on 10-17-59 Death occurred at 7:00P on this date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Abraham Gelpert M.D.						22b. ADDRESS 2400 Cherry -K.C.MO.				22c. DATE SIGNED 10-19-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/18/59		23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn				23d. LOCATION (City, town, or county) (State) Kansas City Mo							
24. FUNERAL DIRECTOR ADDRESS Manlove-Williams 1729 Lydia				25. DATE RECD. BY LOCAL REG. 10-20-59				26. REGISTRAR'S SIGNATURE Helen Minchall							

DOCUMENT

Abraham Gelpert M.D. Medical Certification

BY AFFIDAVIT OF

SI-04-01

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

Maynard E. Willett

Licensed Embalmer No. 4657

P. O. Address K. P.

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.