JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-009990

STATE FILE NUMBER

FILED VS APR 4 1960

NDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 392

1. PLACE OF DEATH
a. COUNTY BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH — Length of stay in 1b: 5 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1903 PACIFIC — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY BUCHANAN
c. CITY OR TOWN ST. JOSEPH — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 1903 PACIFIC (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWARD Middle A Last MEUGNIOT
4. DATE OF DEATH: Month MARCH Day 21 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JAN. 14, 1875
9. AGE (last birthday): 85 — 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): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (City and state or country): Wathena, Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jewell Meugniot
13b. MOTHER'S MAIDEN NAME: Maximilia Mazouxr
14. NAME OF HUSBAND OR WIFE: Rose
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.: none
17. INFORMANT: Rose Meugniot Address: St. Joseph 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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of prostate
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 6/18/59, to 12/9/59 and last saw her/him alive on 12/9/59
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G.T. Carpenter (Degree or title) MD
22b. ADDRESS 902 Edmond
22c. DATE SIGNED 3/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/21/1960
23c. NAME OF CEMETERY OR CREMATORY: Belmont
23d. LOCATION (City, town, or county) (State): Wathena, Kansas

24. FUNERAL DIRECTOR: HARMAN FUNERAL HOME ADDRESS: WATHENA, KANS.
25. DATE RECD. BY LOCAL REG.: Mar. 25, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF G.T. Carpenter, MD

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles M. Harman

Signature of Student Embalmer

Licensed Embalmer No. 4487

P. O. Address Waltham, M

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