

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015542

FILED VS APR 25 1960

149

Registration District No. Primary Registration District No. 1002

Registrar's No. 1940

STATE FILE NUMBER

8-11-60 nns

Mary Meekins

DOCUMENT Family Bible Record

Mary Meekins

BY AFFIDAVIT OF Informant
Albert L. Chasson, M.D.

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		Length of stay in lb 26 yrs	c. CITY OR TOWN Kansas City Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 7218 Olive	
3. NAME OF DECEASED (Type or print) First Robert Middle Lee Last Nicoll			4. DATE OF DEATH Month 4th Day 26 Year 1960		
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 8-10-95	9. AGE (last birthday) 64 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY Decorations		11. BIRTHPLACE (City and state or country) Baltimore City Md	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME David A. Nicoll		13b. MOTHER'S MAIDEN NAME Meekins	
14. NAME OF HUSBAND OR WIFE Marie Nicoll		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8-7-18 to 7-11-19		16. SOCIAL SECURITY NO. 500 03 7380	
17. INFORMANT Marie Nicoll, wife, Kansas City, 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) Bronchopneumonia L L L and R L L		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) Cerebral cortical atrophy		DUE TO (c) Cerebral arteriosclerosis		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	
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.		
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 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 March 18, 1960 to April 1, 1960 Death occurred at 10:09 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Alburt L. Chasson MD			22b. ADDRESS V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 4-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Apr. 5-1960	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN Cem. K. C. Mo.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Kepley-Hinton		ADDRESS Raytown, Mo		25. DATE RECD. BY LOCAL REG. 4-5-60	26. REGISTRAR'S SIGNATURE neva minshall

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 _____

Signature of Student Embalmer

Signed

John R. Sid...

Licensed Embalmer No. 45

P. O. Address Kansas

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.