

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034909

FILED VS SEP 20 1960

4552

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>2 yrs</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>512 Woodland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS meikle</u>			4. DATE OF DEATH Month Day Year <u>9 - 3 - 60</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bag mfg. Co.</u>	11. BIRTHPLACE (City and state or country) <u>Scotland</u>
13a. FATHER'S NAME <u>Thomas Meikle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Foughren</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel T. Meikle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>513-09-2159A</u>	17. INFORMANT Address <u>Hazel T. Meikle K.C. Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pancreatitis & peritonitis</u>			INTERVAL BETWEEN ONSET AND DEATH
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)			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 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 <u>8-18-60</u> to <u>9-3-60</u> and last saw him ^{her} live on <u>9-3-60</u> Death occurred at <u>8:10</u> <u>p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. L. Dwyer</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>2400 cherry</u>	22c. DATE SIGNED <u>9-7-60</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-6-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt Hope</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>
24. FUNERAL DIRECTOR <u>F. U. Reising</u>	ADDRESS <u>H. C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-6-60</u>	26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>

DOCUMENT

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George A. Reisman

Licensed Embalmer No. 4468

P. O. Address H. C. Kane

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.