MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044132
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6266

FILED DEC - 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Length of stay in 1b: 30 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Research Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 750 West 47th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Idelle — Middle: M. — Last: Meuffels

4. DATE OF DEATH: Month: Nov. — Day: 16, — Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Dec. 26, 1908

9. AGE (last birthday): 54 — 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Ashdown, Arkansas

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Samuel I. Middlebrook

13b. MOTHER'S MAIDEN NAME: Sallie Hucksbee

14. NAME OF HUSBAND OR WIFE: Herman D. Meuffels

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown): No — (If yes, give war or dates [redacted] Y NO. 40

17. INFORMANT: Arthur L. Middlebrook, Texarkansas, Arkansas — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Terminal Pneumonia	3 days
DUE TO (b)	Congestive Heart Failure	2 days
~~DUE TO (c)~~	Cirrhosis of the liver	several yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ 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 9-30-1957, to Nov. 16 1963 and last saw her/him alive on Nov. 15 1963

Death occurred at 2:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] — 22b. ADDRESS: 1530 [illegible] Kansas City, Mo. — 22c. DATE SIGNED: 11-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 11-18-63 — 23c. NAME OF CEMETERY OR CREMATORY: Forest Hill — 23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure, Kansas City, Mo. — 25. DATE RECD. BY LOCAL REG.: 11-18-63 — 26. REGISTRAR'S SIGNATURE: Bessie Smith

MEDICAL CERTIFICATION

Frank B. Leitz

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Leitz
1530 Prof. Bldg.
Ha 1-1381
12:30 - 5 p.m.

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 Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address Kansas City, Mo.

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.