

No. 300
10. 48

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5597 State File No. 28072

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 1106

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Centerview		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mission		d. STREET ADDRESS (If rural, give location) 4712 W 68th, Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hiway # 50 About 11 Mi. West			

3. NAME OF DECEASED (Type or Print) a. (First) Alfred c. (Last) Mein		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1954	
b. (Middle) Emil			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16 1922	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months	IF UNDER 12 HOURS Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer		10b. KIND OF BUSINESS OR INDUSTRY General Motors		11. BIRTHPLACE (State or foreign country) Sedalia Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Amel M Mein	13b. MOTHER'S MAIDEN NAME Hannah Meints	14. NAME OF HUSBAND OR WIFE Helen Mein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.2	16. SOCIAL SECURITY NO. 500-03-3456	17. INFORMANT'S SIGNATURE OR NAME A.M. Mein	ADDRESS 7523 Jarboe, Kansas City
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing Injury to Left Side of Head ANTECEDENT CAUSES Head Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto Accident DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Automobile	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbus Twp. Johnson Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-7-54 About 7:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from **View Inquest Only**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Pauline M. D. Coroner Johnson Co	23b. ADDRESS	23c. DATE SIGNED 8/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-10-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City Kan.
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DATE REC'D BY LOCAL REG. Aug. 9, 1954	REGISTRAR'S SIGNATURE Savannah Crutcher	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0-510

RECEIVED
AUG 16 1954
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

AUG 23 1954

APR 12 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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 this body is not embalmed, fact should be so stated above.