

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12053**
1466

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40 yrs.		STREET ADDRESS (If rural, give location) 3817 SOUTH BENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3817 SOUTH BENTON		40 3817 SOUTH BENTON 35680	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HENRY c. (Last) MEIEROTTO			4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 55
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 1, 1888
9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD	10b. KIND OF BUSINESS OR INDUSTRY BANKERS PATROL	11. BIRTHPLACE (City and State or Foreign Country) PILOT GROVE, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HENRY J. MEIEROTTO	
13b. MOTHER'S MAIDEN NAME MARGARET KELLEY		14. NAME OF HUSBAND OR WIFE MARY LOUISE MEIEROTTO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 491-07-5724	
17. INFORMANT'S SIGNATURE OR NAME MARY LOUISE MEIEROTTO		ADDRESS +3817 S. BENTON-K.C. MO	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Myocardial infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4231	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 12-31, 1954 , to 3-31, 1955 , that I last saw the deceased alive on 3-30, 1955 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE OF B. REGISTRAR (Degree or title) B. Alcherson M.D.		23b. ADDRESS 3939 Perfect	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial		24b. DATE 4/1/55	
24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) CLINTON, MISSOURI	
DATE REC'D BY LOCAL REG. 4-1-55		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE MELLODY-MCGILLEY		ADDRESS *EYLAR*KANSAS CITY, MO.	

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

Mr. Atcherson
3939 Prospect
Wa. 6110
1:30-6

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.....
Arthur Eugene Hook

Licensed Embalmer No. 491

P. O. Address.....
K. C. M.

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.