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

FILED DEC 29 1955

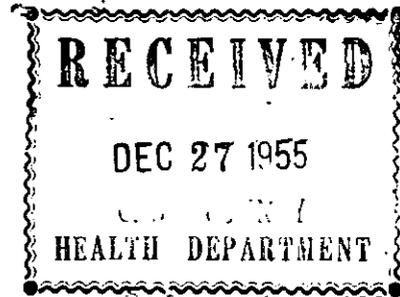
STANDARD CERTIFICATE OF DEATH

State File No. **39926**  
 Registrar's No. **176**

BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>5227</b>		Registrar's No. <b>176</b>	
1. PLACE OF DEATH a. COUNTY <b>CASS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <b>RURAL Peculiar, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mile N. of Peculiar, Mo.</b>				e. STREET ADDRESS (If rural, give location) <b>3543 College</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ORLANDO</b>			b. (Middle) <b>Aloysius</b>		c. (Last) <b>Meier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 23 1955</b>
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>10-11-1902</b>	
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>12</b>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plant Superintendent</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Box Factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hayes, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Alexander Meier</b>			13b. MOTHER'S MAIDEN NAME <b>EVA MILLER</b>		14. NAME OF HUSBAND OR WIFE <b>Thema Meier</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>488-09-3240</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thema Meier 3543 College H.C.Mo.</b>			
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) <b>Brain Trauma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Skull fracture</b> DUE TO (c) <b>automobile accident</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b> sudden</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Peculiar Twp.</b> (COUNTY) <b>CASS</b> (STATE) <b>MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 23 55 No A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:20 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Gerard Jander</b> (Degree or title) <b>(Crown)</b>				23b. ADDRESS <b>Pleasant Hill, Mo.</b>		23c. DATE SIGNED <b>12/23/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/23/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City MO.</b>	
DATE REC'D BY LOCAL REG. <b>Dec 23 1955</b>		REGISTRAR'S SIGNATURE <b>Nora Barisad</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Robertson Bros</b>		ADDRESS <b>Harrisonville, Mo.</b>	

JAN 8 1958

JAN 9 1958



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 *Robert W. Robinson*

Licensed Embalmer No. *4903*

P. O. Address *Hammann*

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.