

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**27040**

STATE FILE NUMBER

**FILED AUG 29 1956**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3472

1. PLACE OF DEATH a. COUNTY <b>JACKSON</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, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> <u>3138</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 <b>VETERANS ADMINISTRATION HOSPITAL</b>		Length of stay in 1b <b>34 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>822 EAST 8th. STREET</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>POSEY ALEXANDER MEYERS</b>			4. DATE OF DEATH Month <b>August</b> Day <b>4</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b> <sup>2</sup>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <sup>3</sup> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>April 6, 1898</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <b>Lexington, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>John Meyers</b>			14. MOTHER'S MAIDEN NAME <b>Katie Johnson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>487-074289</b>	17. INFORMANT <b>Official VA Hospital Records, Kl C. Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rupture of one leaflet of mitral valve and of two cusps of the aortic valve of the heart - Pulmonary edema due to (b)</b> DUE TO (b) <b>Subacute bacterial endocarditis</b> DUE TO (c) <b>Chronic-rheumatic and luetic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>023X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a. m. _____ p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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. Attended the deceased from <b>July 11, 1956</b> to <b>August 4, 1956</b> Death occurred at <b>10:40 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>EDMOND YUNIS</b> (Degree or title) <b>M. D.</b>	22b. ADDRESS <b>VA Hospital 4801 Linwood, Kansas City, Mo.</b>	22c. DATE SIGNED <b>8-5-56</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8 - 8 - 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ft. Leavenworth National</b>	23d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kansas</b>
24. FUNERAL DIRECTOR <b>R. E. Davis Funeral Home, K. C. Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-8-56</b>	26. REGISTRAR'S SIGNATURE <b>Norm Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
 300 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Landis H. Jackson*

Licensed Embalmer No. *485*

P. O. Address *K.C., Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.