

Health, Welfare, Public Service  
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57  
MEDICAL CERTIFICATION  
E. G. Neighbor  
All diseases in Part I must be causally related.

STANDARD CERTIFICATE OF DEATH

77 STATE FILE NUMBER 226  
2708

FILED JUN 28 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2708

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) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Mary's Hospital</b>			Length of stay in lb <b>57 yrs</b>		d. STREET ADDRESS <b>3737 Euclid</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>RICHARD H. MEIER</b>				4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>3-30-1884</b>		9. AGE (In years last birthday) <b>73</b>	10. F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Manor Baking Co.</b>		11. BIRTHPLACE (City and state or country) <b>Yurich, Switzerland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>(Unknown) Meier</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth (Unknown)</b>			13c. NAME OF HUSBAND OR WIFE <b>Alice 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>499-03-8956A</b>		17. INFORMANT Address <b>Alice Meier, 3737 Euclid</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>Uremia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriovascular Nephro-sclerosis</b> DUE TO (c) <b>generalized Arterio-sclerosis</b> <b>Diabetes mellitus</b>							446+	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input 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. I attended the deceased from <b>1 May '57</b> to <b>8 June '57</b> and last saw her alive on <b>8 June '57</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>E. G. Neighbor</b> (Degree or title) <b>MD</b>				22b. ADDRESS <b>1420 So. 42nd St. K.C. Mo.</b>		22c. DATE SIGNED <b>9 June 57</b>		
23b. DATE <b>6-10-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>				
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>				25. DATE RECD. BY LOCAL REG. <b>6-9-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		
1800 E. Linwood, K. C., Mo. (Licensed Embalmer's Statement on Reverse Side)								

*Dr. E. E. Neighlin*  
*1420 So 42nd*  
*FA 1-6060*  
*1:30 - 2:PM*

**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 *James E. Hackleman* .....

Licensed Embalmer No. *4573* .....  
P. O. Address *K. C. 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.