

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23758
Registrar's No. 238

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

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 town) OR Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR Independence	
c. LENGTH OF STAY (in this place) 5 Days		d. STREET ADDRESS (If rural, give location) 1120 South Pope	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			
3. NAME OF DECEASED (Type or Print) a. (First) SYLVIA		b. (Middle) MCKEAGE	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) July 30, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1893
9. AGE (In years last birthday) 56		10. MONTHS 1	11. DAYS 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietary-Kitchen		10b. KIND OF BUSINESS OR INDUSTRY Indep., San.	
11. BIRTHPLACE (State or foreign country) Thompsonville, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dewitt C. King		13b. MOTHER'S MAIDEN NAME Lucy King	
14. NAME OF HUSBAND OR WIFE Roy McKeage			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME Roy McKeage		ADDRESS Independence, Missouri	
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) Carcinoma Esall Bladder INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES not known Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 155X	
19a. DATE OF OPERATION 7/29/49	19b. MAJOR FINDINGS OF OPERATION Carcinoma Esall Bladder. Liver metastases		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X	
22. I hereby certify that I attended the deceased from Aug. 11, 1948 , to July 30, 1949 , that I last saw the deceased alive on July 30, 1949 , and that death occurred at 12:20 P.M. from the causes and on the date stated above.			
23a. SIGNATURE Charles S. Srobske, M.D. (Degree or title)		23b. ADDRESS Independence, Mo.	
23c. DATE SIGNED 8/1/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/1/49	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri
DATE REC'D BY LOCAL REG. July 31, 1949	REGISTRAR'S SIGNATURE R. M. Speaks	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks ADDRESS Independence, Mo.	

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

AUG 9 RECD

FEB 15 1950

VS
AUG 24 1959

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 _____
Student Embalmer

Signed

Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.