

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41166

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5162

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) OR TOWN <b>35 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hosp. (1)</b>		d. STREET ADDRESS (If rural, give location) <b>1829 Washington</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Keane</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 5, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beef Scaler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cudahy Packing Co.</b>		8. DATE OF BIRTH <b>June 25, 1913</b>	
		9. AGE (In years last birthday) <b>36 yrs</b>		9. AGE (In years last birthday) <b>36 yrs</b>	
		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	

13a. FATHER'S NAME <b>Felix A. Keane, sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Gleason</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Virginia M. Keane</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>World War II</b>		16. SOCIAL SECURITY NO. <b>510-07-5537</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Virginia M. Keane 1829 Washington</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Peritonitis</b>				<b>6 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Perforated Duodenal ulcer</b>				<b>6 mos</b>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Pathologist</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:20 AM** from the causes and on the date stated above.

23a. SIGNATURE <b>A. E. Upsher (1)</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>2800 Main</b>		23c. DATE SIGNED <b>12/5/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-7-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Hosp.</b>		24d. LOCATION (City, town, or county) (State) <b>K. C. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>12-6-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas E. Quirk 4316 Troost Ave.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 21 1948

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed *Thomas E. Quinn*  
Licensed Embalmer No. *3775*  
P. O. Address *A. C. Moore*

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.