

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33661**  
**4229**

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

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 OR TOWN <b>Kansas City</b> )	c. LENGTH OF STAY (in this place) <b>unknown</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>77 1/2 Kansas City in</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>61 1/2 Campbell St. K.C. Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>61 1/2 Campbell St 63135</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kenneth</b>	b. (Middle)	c. (Last) <b>Keys</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 1 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 11, 1891</b>
9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Forer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Curtiss Land Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Lacount La.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Louise Keys</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>#1 456-16-6885</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Louise Keys H.C. Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Hypertensive Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4 1/3 hr</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Disease</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>History from Veterans Administration</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Thos. A. Jones M.D.</b> (Degree or title)	23b. ADDRESS <b>1612 E 12 St</b>	23c. DATE SIGNED <b>10/2/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 4, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>
24d. LOCATION (City, town, or county) (State) <b>20th Blue Ridge K.C. Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geraldine Holmes Adkins Bros. Funeral Home H.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-4-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	ADDRESS <b>H.C. Mo.</b>

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

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. 436

Signed D. Lowell Richards #  
Student Embalmer

Signed C. Kenneth Kempf

Licensed Embalmer No. 4437

P. O. Address 2600 Ferry

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.