No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5086

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 491

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 2 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYCOMA 1240
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): REV. HAROLD
b. (Middle): ARTHUR
c. (Last): KEENE

4. DATE OF DEATH (Month) (Day) (Year): JAN 30 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 2 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINISTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PORT RUSH IRELAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A 33 YRS

13a. FATHER'S NAME: BILL KEENE
13b. MOTHER'S MAIDEN NAME: JESSIE ADAMS
14. NAME OF HUSBAND OR WIFE: JEAN KEENE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. JEAN KEENE — **ADDRESS**: CLAYCOMA, MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Renal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3-4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ureteral Obstruction — 4+6 "
DUE TO (c) Adenocarcinoma Sigmoid Colon — 15 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1951
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Rectosigmoid
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* ~~1-30-1952~~ *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Mc Phee (Degree or title): M.D.
23b. ADDRESS: Research Hosp. 2316 Holmes K.C. Mo.
23c. DATE SIGNED: 1/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-2-52
24c. NAME OF CEMETERY OR CREMATORY: WHITECHAPEL MEM CO
24d. LOCATION (City, town, or county) (State): CLAY CO. MO.

DATE REC'D BY LOCAL REG.: 1-31-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: NEWCOMERS SON'S NORTH KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Signed.....
Student Embalmer

Signed John V. Klenick Sr.

Licensed Embalmer No. 4848

P. O. Address 832 Ramapo Rd., N.J.

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.