

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20568

State File No.

FILED JUL 5 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2661

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

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 township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 4335 COLLEGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) MC KEEVER c. (Last) MC KEEVER			4. DATE OF DEATH (Month) (Day) (Year) 6 - 9 - 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 21, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HARNESS MAKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME TERRENCE MC KEEVER		13b. MOTHER'S MAIDEN NAME ANNA GLEASON		14. NAME OF HUSBAND OR WIFE KATIE MC KEEVER	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME MAION INEZ MC KEEVER - 4335 COLLEGE	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Virus Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis with hypertension dont know		3 days	
		DUE TO (c) Uremia & Uremia & coma Mysocarditis		dont know	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) neither		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? No injury	

22. I hereby certify that I attended the deceased from June 3, 1952, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE John G. Lapp (Degree or title) John G. Lapp M.D.		23b. ADDRESS 1314 Professional Bldg		23c. DATE SIGNED June 11, 52	
24a. BURIAL OR CREMATION REMOVAL (Specify) BURIAL		24b. DATE 6-11-52		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	

DATE REC'D BY LOCAL REG. 6-12-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE * KANSAS CITY, MO.	
----------------------------------	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

Mr. John J. ...
Original ...

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 Gerald A. Burger

Licensed Embalmer No. 4763

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 this body is not embalmed, fact should be so stated above.