

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28432**
Registrar's No. **336**

FILED SEP 9 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>336</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0480</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>0480</u>			
b. CITY OR TOWN <u>Blue</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY OR TOWN <u>Kansas City 3E</u>		Rural <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 1601 Alice St.</u>				d. STREET ADDRESS (If rural, give location) <u>1601 Alice St. Blue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Keener</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1952</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 21, 1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Brick Layer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building industry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Keener</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie B. Keener</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie B. Keener</u>		ADDRESS <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Cardiac Failure</u>					<u>30 min</u>
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Myocardosis</u> DUE TO (c) <u>Bronchial asthma</u>					<u>3 years</u>
II. OTHER SIGNIFICANT CONDITIONS		<u>Generalized Arteriosclerosis</u>					<u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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) (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 <u>May 10, 1946</u> to <u>August 17, 1952</u> that I last saw the deceased alive on <u>August 17, 1952</u> , and that death occurred at <u>10:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Lee O. McHale, M.D.</u> (Degree or title)				23b. ADDRESS <u>4620 Underwood Pl, Mo</u>		23c. DATE SIGNED <u>8-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. Washington Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-25-52</u>		REGISTRAR'S SIGNATURE <u>J. Lee O. McHale</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer *V*

Signed *George C. Parsons*

Licensed Embalmer No. *2249*

P. O. Address *Independence, 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.