U.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1953

State File No. 18354

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 208

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Independence Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 1013 West Waldo 7005 0

3. NAME OF DECEASED (Type or Print): a. (First) Burton b. (Middle) Lewis c. (Last) Mc Kim

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 3. 1881

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR Months: 4 Days: 14 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspaper Carrier ret

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Deloit Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William J. Mc Kim

13b. MOTHER'S MAIDEN NAME: Carrie Weiks

14. NAME OF HUSBAND OR WIFE: Flay M. Mc Kim

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.: 489-30-5684A

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Burton Lewis Mc Kim

MEDICAL CERTIFICATION

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* (a) Arteriosclerotic Cardio-vascular Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. Diabetes Mellitus Bilary Cirrhosis

INTERVAL BETWEEN ONSET AND DEATH: (a) Years? (b) _____ (c) Years? 4 wks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

4221

20. AUTOPSY? YES ☐ 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* 3/23, 1953 *to* 5/17, 1953 *that I last saw the deceased alive on* 5/19, 1953, *and that death occurred at* 9:48 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. Grabske M.D.

23b. ADDRESS: Independence, Mo.

23c. DATE SIGNED: 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 19-53

24c. NAME OF CEMETERY OR CREMATORY: Maywood Grove

24d. LOCATION (City, town, or county) (State): Indep. Mo

DATE REC'D BY LOCAL REG.: 5-19-53

REGISTRAR'S SIGNATURE: James K. Gee 354 0

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Roland R. Speaks - Indep

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 491

P. O. Address Ingleside

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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