

FILED SEP 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28794**  
**4139**

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

1. PLACE OF DEATH  
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **2 Years**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4421 Wyoming Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):  
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. STREET ADDRESS (If rural, give location) **4421 Wyoming Street**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Katherine** b. (Middle) **M.** c. (Last) **O'Keefe**

4. DATE OF DEATH (Month) (Day) (Year) **August 21, 1953**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **7-18-1893** 9. AGE (In years last birthday) **60**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Kansas**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Arthur O'Keefe** 13b. MOTHER'S MAIDEN NAME **Anna McKeon** 14. NAME OF HUSBAND OR WIFE **-----**

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. J. W. Humphrey, (Sister)** ADDRESS **K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.*

19. MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute Coronary Arteriosclerosis**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Coronary Insufficiency**

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: **Hypertension, Arteriosclerosis, Heart Aneurysm**

INTERVAL BETWEEN ONSET AND DEATH **10 mo.**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Nov 24, 1952, to Aug 21, 1953, that I last saw the deceased alive on Aug. 21, 1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE **W. W. Dodson** (Degree or title) **MD** 23b. ADDRESS **Kansas City, Missouri** 23c. DATE SIGNED **8/22/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8/24/1953** 24c. NAME OF CEMETERY OR CREMATORY **Mount Olivet Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **8-22-53** REGISTRAR'S SIGNATURE **Steraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **os. A. Butler's Sons, Kansas City, Kas.** ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

Signed

*Russell W Dennis*

Licensed Embalmer No. 3462 Missouri

P. O. Address. Kansas City, Kansas

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

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