

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35934**FILED **OCT 23 1953**BIRTH NO. **149**REG. DIST. NO. **149**PRIMARY REG. DIST. NO. **1002**Registrar's No. **4733****4733**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>27 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>RESEARCH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>822 WEST 57<sup>TH</sup> TERRACE</b>			
3. NAME OF DECEASED (Type or Print) <b>IRENE CUTTER</b>		a. (First) <b>IRENE</b>		b. (Middle) <b>CUTTER</b>	
c. (Last) <b>KEELING</b>		4. DATE OF DEATH <b>SEPT. 29, 1953</b>		(Month) (Day) (Year)	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>NOV. 20, 1898</b>		9. AGE (In years last birthday) <b>54</b>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHYSICIAN - M.D.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OFFICES IN ARGYLE BLDG.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>VINLAND, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>FRED CUTTER</b>		13b. MOTHER'S MAIDEN NAME <b>JESSIE ROGERS</b>	
14. NAME OF HUSBAND OR WIFE <b>CHARLES W. KEELING</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>DR. CHARLES W. KEELING</b>		ADDRESS <b>822 W. 57<sup>TH</sup> TERRACE</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ulcerative Dis-Colitis</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>  ANTECEDENT CAUSES DUE TO (b) <b>Acute Congestive Hepatitis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>4 weeks</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>9-24-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ulcerative Dis-Colitis &amp; fistula recto-vaginal</b>		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input 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 <b>Aug</b> , 19 <b>49</b> , to <b>Sept 29</b> 19 <b>53</b> , that I last saw the deceased alive on <b>Sept 27</b> , 19 <b>53</b> , and that death occurred at <b>7:05A.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Walter Cummins</b>		Walter Cummins (Degree or title) <b>MD</b>		23b. ADDRESS <b>1612 Prq. Bldg.</b>	
23c. DATE SIGNED <b>9-30-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT-1-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomer</b>	
DATE REC'D BY LOCAL REG. <b>10-1-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		ADDRESS <b>1331-BAUGH CAREN KANSAS CITY, MO.</b>	

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.....  
Signature of Student Embalmer

Signed *John B Lewis*.....  
Licensed Embalmer No. *4875*.....

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.