

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27427

State File No.
Registrar's No. **3989**

BIRTH NO. 16546-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>DOR</u>	c. CITY OR TOWN <u>Blue Spring</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Rita Children Mercy Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>General Delaney</u>		
3. NAME OF DECEASED a. (First) <u>Donnie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Keele</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 17 54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>3-3-54</u>	9. AGE (In years last birthday) <u>5 1/2</u>	IF UNDER 1 YEAR Months <u>12</u> IF UNDER 1 HRs. Hours <u>12</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Missouri</u>	
13a. FATHER'S NAME <u>Clarence E. Keele</u>		13b. MOTHER'S MAIDEN NAME <u>Aitha Andes</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence E. Keele, Blue Spring, Mo. Same</u>		ADDRESS	
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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* <u>HEMNATION OF BRAIN STEM</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MENINGOCOCCUS</u>			CONFIDENTIAL	
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7517	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <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)	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 Aug 10, 1954 to Aug 12, 1954 that I last saw the deceased alive on 8-12, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Children Mercy Hospital</u>		23c. DATE SIGNED <u>8-17-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Spring - MO</u>
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DATE REC'D BY LOCAL REG. <u>8-17-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter F. ...</u>	ADDRESS <u>Blue Springs</u>
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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..... *J. B. Welch*

Licensed Embalmer No... *23*

P. O. Address *Blue Sp*

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.