

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33954

State File No. _____

FILED OCT 27 1954

4758

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (in this place) 19 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1		STREET ADDRESS (If rural, give location) 13 615 E 9th	

3. NAME OF DECEASED (Type or Print) a. (First) Chris	b. (Middle)	c. (Last) Jeep	4. DATE OF DEATH (Month) (Day) (Year) October 12 54
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH SEPT. 12, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sand Will Industries	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) TEXAMAH, NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LEWIS JEEP	13b. MOTHER'S MAIDEN NAME MARY P. CLEMENTS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-12-0467	17. INFORMANT'S SIGNATURE OR NAME MRS. JOE JEEP-SIOUX CITY, IOWA	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal rhabdomyosarcoma left leg		INTERVAL BETWEEN ONSET AND DEATH 197 h
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 26, 1954, to Oct. 12, 1954, that I last saw the deceased alive on Oct. 12, 1954, and that death occurred at 12:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns	B.I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry Sts.	23c. DATE SIGNED 10/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Woodlark Cemetery	24d. LOCATION (City, town, or county) (State) SIOUX CITY, IOWA
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DATE REC'D BY LOCAL REG. 10-13-54	REGISTRAR'S SIGNATURE near Marshall	25. FUNERAL DIRECTOR'S SIGNATURE R.A. Newcomer	ADDRESS 4331 Belmont Creek Kansas City, Missouri
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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.....
Signature of Student Embalmer

Signed..... John B Lewis
Licensed Embalmer No. 48
P. O. Address..... KCH

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.