

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 589

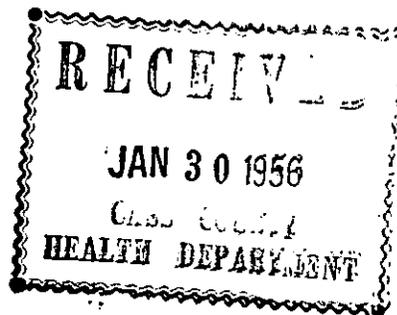
FILED JAN 31 1956

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (If this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Big Creek Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9 mile N of Harrisonville Mo</u>			
3. NAME OF DECEASED (First) <u>Dorelia</u> (Middle) <u>E</u> (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21 1956</u>				
5. SEX <u>se</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>		8. DATE OF BIRTH <u>May 10 - 1868</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Running</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Small Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lee Summit Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John W. Keeger</u>		13b. MOTHER'S MAIDEN NAME <u>Katharine Spear</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Summit Mo</u>	
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>494-40-6525</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hilbert L. Keeger</u> ADDRESS <u>Lee Summit Mo</u>			
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) <u>Arteriosclerotic valvular heart disease</u> (b) _____ (c) _____ 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. <u>Severe U R I -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4500</u> <u>2 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Law 1</u> , 19 <u>47</u> , to <u>1-21-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-21-</u> , 19 <u>56</u> , and that death occurred at <u>2:29</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Robert M. D.</u>				23b. ADDRESS <u>Lee Summit Mo</u>		23c. DATE SIGNED <u>1-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 23 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee Summit Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lee Summit Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 23, 1956</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u> 457-01		GENERAL DIRECTOR'S SIGNATURE <u>Munneburgers</u> ADDRESS <u>Harrisonville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48



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 *James R. Phillips*
Licensed Embalmer No. *4641*

P. O. Address *Harrisonville, 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 this body is not embalmed, fact should be so stated above.