

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23843**
2963

FILED JUL 25 1956

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 OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 yrs.		e. STREET ADDRESS (If rural, give location) 10 EAST 40th STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		f. Montrose Hotel 36170	
3. NAME OF DECEASED (Type or Print) a. (First) Nellie		b. (Middle) _____	
c. (Last) M^cKEE		4. DATE OF DEATH (Month) (Day) (Year) July 5, 1956	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 27 1870
9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR Days _____ IF UNDER 1 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Roney		13b. MOTHER'S MAIDEN NAME Ann Taggart	
14. NAME OF HUSBAND OR WIFE S. S. Mckee		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 MIS^s MARIE M^cKEE ADDRESS 10 EAST 40th ST. KANSAS CITY MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strial schrotic heart disease		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
Conditions contributing to the death but not related to the disease or condition causing death.		4200	
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) (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 July 1, 1954 , to July 5, 1956 , that I last saw the deceased alive on July 5, 1956 , and that death occurred at 6:40p m. , from the causes and on the date stated above.	
23a. SIGNATURE Don A. Black (Degree or title) M. D.		23b. ADDRESS 924 Professional Bldg.	
23c. DATE SIGNED 7/6/56		24a. BURIAL CREMATION (Specify) Removal	
24b. DATE July 7 56		24c. NAME OF CEMETERY OR CREMATORY Lawson Cem.	
24d. LOCATION (City, town, or county) (State) Lawson, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE P.W. NEWCOMEN'S SONS ADDRESS 1331 R.C. Mo. Brush Creek Blvd	
DATE REC'D BY LOCAL REG. 7-7-56		REGISTRAR'S SIGNATURE Neva Marshall	

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 Everett D. Smith, Student Embalmer No. 128 working under my personal supervision..

Student Everett D. Smith
Signature of Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address K.C. 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.