

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31048

State File No. \_\_\_\_\_

FILED SEP 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 405

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. LENGTH OF STAY (In this place) <b>40 yrs</b>	c. CITY OR TOWN <b>Independence</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1123 W. Waldo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>1123 W. Waldo</b>	

3. NAME OF DECEASED (Type or Print) <b>MR. JOHN</b>	a. (First)	b. (Middle) <b>LOFTON</b>	c. (Last) <b>KEIRSEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31, 1886</b>	9. AGE (In years last birthday) <b>70</b>	If UNDER 1 YEAR Months   Days	If UNDER 4 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stillman-Standard Oil Company</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Oil Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lees Summit, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Johnathan Keirsey</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Madora</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine Keirsey</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-03-0936</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ms Katherine Keirsey</b>	ADDRESS <b>Indep. Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Atherosclerosis</b>		<b>1 year</b>
	DUE TO (c) <b>Several arteries blocked</b>		<b>2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Had initial Coronary occlusion 9-3-1955</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>	20. AUTOPSY? <b>420.1.</b> YES <input type="checkbox"/> NO <input checked="" 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 9-3- 1955 to 9-12, 1956 that I last saw the deceased alive on 9-5-, 1956 and that death occurred of Dissection from the causes and on the date stated above.

23a. SIGNATURE <b>B.H. Allen</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Independence Mo</b>	23c. DATE SIGNED <b>9-12-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 14, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lees Summit</b>	24d. LOCATION (City, town, or county) (State) <b>Lees Summit, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-14-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Att's Mitchell</b>	ADDRESS <b>Indep., Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
V. 10.48

354

1927/8

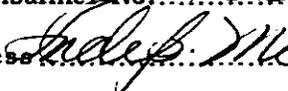
**STATEMENT BY LICENSED EMBALMER**

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 .....

Licensed Embalmer No. 3152

P. O. Address .....

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.