

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38360

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 579

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. San. &amp; Hosp.</u> Length of stay in lb <u>3 1/2</u> years				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>209 W. South Side Blvd.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>H.</u> Last <u>McKean</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>2</u> Year <u>1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH <u>Oct. 23, 1894</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Month <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Production Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Publishing Co.</u>		11. BIRTHPLACE (City and state or country) <u>Greenwood, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Harlow B. McKean</u>				
14. MOTHER'S MAIDEN NAME <u>unknown</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>				
16. SOCIAL SECURITY NO. <u>190-16-6179</u>		17. INFORMANT <u>Mrs. Ruth McKean, Independence, Mo.</u> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u> DUE TO (b) <u>Coronary thrombosis with myocardial infarction</u> DUE TO (c) <u>Coronary arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Coronary thrombosis &amp; myocardial infarction</u> (8/19/52)					INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>10 hrs</u> <u>years</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>12/2/56</u> to <u>12/2/56</u> and last saw <u>him</u> alive on <u>12/2/56</u> Death occurred at <u>4:30</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Vance E. Lusk, M.D.</u>			22b. ADDRESS <u>10901 Winner Rd Independence, Mo</u>		22c. DATE SIGNED <u>12/3/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/6/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Md. Grove Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		
24. FUNERAL DIRECTOR <u>Geo. C. Carson</u> ADDRESS <u>Independence, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12-6-56</u>		26. REGISTRAR'S SIGNATURE <u>Vance E. Lusk</u>		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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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 *Harold E Kealre*

Licensed Embalmer No. *4*

P. O. Address *Indy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.