

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31972

STATE FILE NUMBER

4372

FILED OCT 9 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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>Clinton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Plattsburg</b> <i>0250</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Queen of the World</b>		Length of stay in lb <b>6 days</b>	d. STREET ADDRESS <b>Depot Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Essie</b> Middle <b>Mae</b> Last <b>Keyes</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>19</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 21, 1901</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and state or country) <b>Plattsburg, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Grayson</b>			14. MOTHER'S MAIDEN NAME <b>Carrie Hawkins</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>ANNA JANE Grayson</b> Address <b>Plattsburg, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive cardiovascular renal disease. Benign arteriolar-nephrosclerosis</b> Conditions, if any, which gave rise to above cause (a). DUE TO (b) <b>Cardiac decompensation</b> and DUE TO (c) <b>Uremia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>442*</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3-4 months</b> <b>1+ month</b>
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.) <b>---</b>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>---</b>		COUNTY <b>---</b>	STATE <b>---</b>
21. I attended the deceased from <b>9-14-57</b> to <b>9-19-57</b> and last saw her alive on <b>9-19-57</b> Death occurred at <b>1055 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Helen Clarke, M.D.</b>			22b. ADDRESS <b>Queen of the World Hosp Kansas City 27, Mo.</b>		22c. DATE SIGNED <b>9-20-57</b>
23a. BURIAL, CREMATION, REMOVAL, SPECIFY	23b. DATE <b>Sept. 23, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Plattsburg Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Plattsburg, Missouri</b>	
24. FUNERAL DIRECTOR <b>Lyon Funeral Home</b>		ADDRESS <b>Plattsburg, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-20-57</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>

Health, Welfare, Public Service  
0  
300  
1-56  
All 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  
Helen Clarke



NOV 7 1957

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 *Phillip E. Coop*

Licensed Embalmer No. *499*

P. O. Address *Lawrence, Mo.*

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.