

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35942**

FILED NOV 14 1957

Registrar's No. **5053**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5053			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) KANSAS CITY		c. LENGTH OF STAY (in this place) 20 YRS		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1009 VINE				e. STREET ADDRESS (If rural, give location) 1009 VINE					
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE			b. (Middle)		c. (Last) KEYES		4. DATE OF DEATH (Month) (Day) (Year) OCT. 26 1957		
5. SEX 3 FEMALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 6-18-1909		9. AGE (In years last birthday) 48 if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID			10b. KIND OF BUSINESS OR INDUSTRY HOMES		11. BIRTHPLACE (City and State or Foreign Country) MARSHALL, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DON'T KNOW			13b. MOTHER'S MAIDEN NAME DON'T KNOW			14. NAME OF HUSBAND OR WIFE DON'T KNOW			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADYS MERRIWEATHER, K.C., MO.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Emphysema ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma						INTERVAL BETWEEN ONSET AND DEATH 24H	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE L. M. Hillman Deputy Coroner				23b. ADDRESS 1618 1/2 dia ave		23c. DATE SIGNED 10/29/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-30-57		24c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE LAWN		24d. LOCATION (City, town or county) (State) KANSAS CITY, MO.			
DATE REC'D BY LOCAL REG. 10-30-57		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BROWN-HUOSON K.C., MO.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Hillman



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.....

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.