

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1298

STATE FILE NUMBER 321

FILED FEB 13 1958

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

Graham Owens  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE VERIFY BY SYSTEMATIC RECORDS

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, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3823 Locust St.</b>		Length of stay in lb <b>38 Years</b>	d. STREET ADDRESS (If outside, give location) <b>3823 Locust Street</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Marguerite Marie KEULEYAN</b>		4. DATE OF DEATH Month Day Year <b>Jan. 18, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 8th, 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Catholic Sister</b>	11. BIRTHPLACE (City and state or country) <b>TURKEY</b>
13a. FATHER'S NAME <b>Diran Keuleyan</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Missirlyan</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>NO</b> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT Address <b>Mother Claudia, 3823 Locust St., K.C. 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>Arteriosclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <b>Chronic pulmonary I.B.</b>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <b>1-20-58</b> to <b>1-18-58</b> and last saw her <sup>him</sup> alive on <b>1-18-58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Graham Owens M.D.</b> (Degree title)		22b. ADDRESS <b>906 Grand Woods</b>	22c. DATE SIGNED <b>1-21-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 21, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marys</b>	23d. LOCATION (City, town, or country) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Melody McGilley Eylar K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

1800 E. Lincoln

*Dr. G. Schmitt - Curia*

*Paula Berg*

*No. 2-2813*

*1-3PM*

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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 *JHG* .....

Licensed Embalmer No. *2999* .....  
P. O. Address *KC* .....

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.