

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009885
STATE FILE NUMBER
1183

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1183

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 40 YEARS	d. STREET ADDRESS (If outside, give location) 3502 BROADWAY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leo Middle JOHN Last Dakey			4. DATE OF DEATH Month 3 Day 3 Year 1958
5. SEX D MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG-29-1913
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN-FROZENFOODLOCKERS		10b. KIND OF BUSINESS OR INDUSTRY I.O.SNOW CO.	11. BIRTHPLACE (City and state or country) KANSAS CITY KANSAS
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME VICTOR DAKEY	13b. MOTHER'S MAIDEN NAME ELIZABETH WALLECK
14. NAME OF HUSBAND OR WIFE Mrs. ANNA KATHRYNE DAKEY		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. 487-10-1376
17. INFORMANT Mrs. ANNA KATHRYNE DAKEY		Address 3502 BROADWAY KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of left kidney with metastases			INTERVAL BETWEEN ONSET AND DEATH 15:*
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.) 1	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____			
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 2-6-58 to March 3, 1958 and last saw ^{him} alive on March 3, 1958 Death occurred at 5:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. A. Burns, M.D.		22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 3-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 6-1958	23c. NAME OF CEMETERY OR CREMATORY JOHNSON COUNTY MEMORIAL GARDENS	23d. LOCATION (City, town, or county) (State) JOHNSON COUNTY KANSAS
24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS		ADDRESS 1391 BROAD CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 3-5-58 26. REGISTRAR'S SIGNATURE neva mitchell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. BURTS

All diseases in Part I must be causally related.



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 *Basil Honey*

Licensed Embalmer No. *4724*
P. O. Address *K.C. Mo.*

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.