

Health,
& Welfare
Public
Service

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025595

STATE FILE NUMBER

3488

Registration District No. 56174-57 Primary Registration District No. 149 Registrar's No. 1002

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		d. STREET ADDRESS (If outside, give location) 1503 W. 9	

3. NAME OF DECEASED (Type or print) First John Middle Walter Last Keller			4. DATE OF DEATH Month 7 Day 11 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-11-58	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 17 Days 17 Hours 17 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME Carolyn Sue Keller			14. NAME OF HUSBAND OR WIFE none	

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		INFORMANT Michael Clark		Address K.C. Ave. Dept 44	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity			INTERVAL BETWEEN ONSET AND DEATH 776x		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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.)		
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.)		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY		STATE	
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21. I attended the deceased from July 11, 1958 to July 11, 1958 and last saw alive on July 11, 1958
Death occurred at 11:40 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. ...		22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 7-14-58	
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23a. BURIAL, CREMATION OR REMOVAL (Specify) Burial		23b. DATE 7-17-58		23c. NAME OF CEMETERY OR CREMATORY Leds		23d. LOCATION (City, town, or county) (State) Kansas City MO	
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24. FUNERAL DIRECTOR Wm. A. Lohmeyer		ADDRESS K.C. Mo.		25. DATE RECD. BY LOCAL REG. 7-17-58		26. REGISTRAR'S SIGNATURE Neva Marshall	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. BURTS

All diseases in Part I must be causally related.

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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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Anna Lehman

Licensed Embalmer No. 3089
P. O. Address 180 MD

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.