

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029145

STATE FILE NUMBER

FILED AUG 27 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3713

300

1-57

1. PLACE OF DEATH a. COUNTY Ja ckson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City 8150 8	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If outside, give location) 720 St Paul	

3. NAME OF DECEASED (Type or print) First EARL Middle J. Last KEITHLEY			4. DATE OF DEATH Month July Day 31 Year 1958		
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5. SEX 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 4-18-17	9. AGE (In years last birthday) 41 yrs	10. F UNDER 1 YEAR Months 4 Days 1	11. IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Nemaha, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Everett Keithley		13b. MOTHER'S MAIDEN NAME Agnes Merritt		14. NAME OF HUSBAND OR WIFE Luetta Keithley	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 505 16 2055		17. INFORMANT VA Hospital Official Records		Address	
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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) Pulmonary congestion and edema					INTERVAL BETWEEN ONSET AND DEATH	
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Myocarditis of uncertain etiology					422:--	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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.)			
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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.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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20d. INJURY OCCURRED WHILE AT <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	
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21. X attended the deceased from January 17, 1958 to July 31, 1958 and was present at death which occurred at 6:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE A. Williams (Print name or title) M.D.			22b. ADDRESS VA Hospital, K. C. Mo.		22c. DATE SIGNED 8-1-58	
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23a. BURIAL, CREMATION (Specify) Removal		23b. DATE 8-2-58		23c. NAME OF CEMETERY OR CREMATORY Highland Cap.		23d. LOCATION (City, town, or county) (State) Kansas City Kans.	
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24. FUNERAL DIRECTOR D. W. Newcome's Sons.		ADDRESS K.C. Mo.		25. DATE RECD. BY LOCAL REG. 8-2-58		26. REGISTRAR'S SIGNATURE Mrs. Marshall	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.—must use only standard nomenclature in their reports—symptoms will be listed. 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 J. Honey,

Licensed Embalmer No. H. 7241
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.