

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032767
STATE FILE NUMBER

RECORDED SEP 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4209

S. 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 435 Gladstone Bl.		Length of stay in lb 75 yrs.	d. STREET ADDRESS 435 Gladstone Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Arthur Middle P. Last Keel			4. DATE OF DEATH Month 8 - Day 31 - 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 3-2-1883		9. AGE (In years of birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Manager		10b. KIND OF BUSINESS OR INDUSTRY Palace Bowling		11. BIRTHPLACE (City and state or country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME F.A. Keel		
13b. MOTHER'S MAIDEN NAME "unknown"			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-09-5614A		17. INFORMANT Address Mrs. E.A. Riley; 900 West 96th, K.C., 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) Congestive heart failure DUE TO (b) Rheumatic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peptic ulcer (duodenal)					INTERVAL BETWEEN ONSET AND DEATH years years 4 1/2 x
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
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	
21. I attended the deceased from June 1957 to death and last saw him alive on 8-29-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. A. Cline M. D.			22b. ADDRESS 4126 St. John, K.C. Mo		22c. DATE SIGNED 9-2-58
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 9-3-1958	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Weillert Funeral Homes; K.C., Mo.			25. DATE RECD. BY LOCAL REG. 9-3-58		26. REGISTRAR'S SIGNATURE Neva Minshel

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. A. Cline



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 B. E. Weiland

Licensed Embalmer No. 4075

P. O. Address R. C. 8, Ma

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.