

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032833

STATE FILE NUMBER

FILED OCT 1 1958

Registration District No. 149 Primary Registration District No. 1000 Registrar's No. 4352

5. 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"/>	f. 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 TRINITY LUTHERAN HOSPITAL INSTITUTION		Length of stay in 1b 50 YEARS	d. STREET ADDRESS (If outside, give location) 3950 CLARK AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM WAVERLY MCKEEHAN			4. DATE OF DEATH Month Day Year SEPT. 11, 1958		
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 FEB. 3, 1878	9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10b. KIND OF BUSINESS OR INDUSTRY CONFECTIONERY	11. BIRTHPLACE (City and state or country) WINDSOR, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME PATRICK MCKEEHAN		13b. MOTHER'S MAIDEN NAME ADELINE KINDRICK		14. NAME OF HUSBAND OR WIFE DIANA MCKEEHAN	
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. 487-03-1099		17. INFORMANT Address MRS. DIANA MCKEEHAN-3950 CLARK, 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) Embolic Occlusion Rt. Budd's Cerebral Artery DUE TO (b) Myocardial Infarction (Mural Thrombus) DUE TO (c) Atherosclerosis					INTERVAL BETWEEN ONSET AND DEATH 6 days Unknown Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 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 Sept. 5, 1958, to Sept. 11, 1958, and last saw him alive on Sept. 11, 1958. Death occurred at 2:45 P.M. on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE D. W. Newcomer MD (Deceased or title)		22b. ADDRESS 730 West 159 Kansas City 6 MO		22c. DATE SIGNED Sept. 12, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY FIDRAL HILLS CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 9-12-58	26. REGISTRAR'S SIGNATURE reva minshall		

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Wm. H. Goodson, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Marvin W. Preston*

Licensed Embalmer No. *5040*

P. O. Address *Kansas City*

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.