

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032834

STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4044

S. 300  
v. 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 TRINITY LUTH. HOSP 30 YEARS Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 3842 WYANDOTTE ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BYRON BROOKS McKEOWN, Sr.			4. DATE OF DEATH Aug-21-1958 Month Day Year
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 DEC. 15-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT	9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
13a. FATHER'S NAME JACK McKEOWN		13b. MOTHER'S MAIDEN NAME FANNY	14. NAME OF HUSBAND OR WIFE ARLENE B. McKEOWN
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	17. INFORMANT Mrs. Arlene B. McKeown Address 3842 Wyandotte St. 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) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			4201
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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 8 P.M. - 8/21/58 to 11 P.M. 8/21/58 and last saw her alive on 8/21/58 Death occurred at 11:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.R. Becker (Degree or title)		22b. ADDRESS 4000 Baltimore Kansas City Mo	22c. DATE SIGNED 8/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 24-1958	23c. NAME OF CEMETERY OR CREMATORY MORRIS CHAPEL CEMETERY	23d. LOCATION (City, town, or county) (State) SMILES NORTH OF BETHANY, MISSOURI
24. FUNERAL DIRECTOR 133 BRUSH CREEK BLVD DW. NEWCOMERS SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 8-23-58	26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Use only black ink or ribbon typewrite if possible.



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 *Harmon W. Tolson* .....

Licensed Embalmer No. *4889* .....

P. O. Address *A. C. Ho* .....

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.