

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018099  
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 137

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Blue Springs</u>           |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>Blue Springs</u><br>7000<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                           |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>808 South St</u> |  | Length of stay in lb<br><u>2 yrs</u>   | d. STREET ADDRESS (If outside, give location)<br><u>808 South St</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |   |  |
|---|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>William</u> Middle <u>Cecil</u> Last <u>Keys</u>                       |                                  |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>31</u> Year <u>1959</u>   |   |  |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec 19 1897</u>                                |   | 9. AGE (In years last birthday)<br><u>61</u><br>IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u><br>IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>conductor</u>           |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Railroad</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Oklahoma</u>         |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>Hugh Keys</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Mollie Pickler</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Luetta Keys</u> |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>NR.</u>   | 17. INFORMANT<br><u>Luetta Keys</u><br>Address <u>Blue Springs Mo</u> |   |  |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Atherosclerotic heart disease</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>June 7 1959</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____                              |  |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|  |   |                          |
|--|---|--------------------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>4200</u> |                          |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <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.)<br><u>4200</u>              | 20f. CITY, TOWN, OR LOCATION<br><u>Blue Springs</u>   | COUNTY _____ STATE _____ |

|   |   |                                   |
|---|---|-----------------------------------|
| 21. I attended the deceased from <u>5/27/59</u> to <u>5/31/59</u> and last saw him alive on <u>5/31/59</u><br>Death occurred at <u>7:50 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |   |                                   |
| 22a. SIGNATURE<br><u>C. J. [Signature]</u><br>(Degree or title) <u>MD</u>   | 22b. ADDRESS<br><u>808 S 15 Blue Springs Mo</u> | 22c. DATE SIGNED<br><u>6/1/59</u> |

|  |                            |   |  |
|--|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>       | 23b. DATE<br><u>6/3/59</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Blue Springs</u> | 23d. LOCATION (City, town, county) (State)<br><u>Blue Springs Mo</u> |
| 24. FUNERAL DIRECTOR<br><u>West Funeral Home Blue Springs Mo</u> |                            | 25. DATE RECD. BY LOCAL REG.<br><u>6-4-1959</u>           | 26. REGISTRAR'S SIGNATURE<br><u>D. B. Longford</u>                   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 15 1959

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 *R. G. Webb* .....

Licensed Embalmer No. *2-050* .....

P. O. Address *Blair Springs* .....

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.