

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**59-036246**

FILED VS OCT 23 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4942

UNRECORDED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
Length of stay in 1b <u>13 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS <u>XXXXXX 920 Forest</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)	First <u>Charles</u>	Middle <u>-</u>	Last <u>Keen</u>	<b>4. DATE OF DEATH</b>	Month <u>10</u>	Day <u>8</u>	Year <u>59</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9-19-79</u>	<b>9. AGE (last birthday)</b> <u>80</u>	<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>	<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Railroads</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Walnut, Illinois</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>"unknown"</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>"unknown"</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>456-16-8303</u>	<b>17. INFORMANT</b> <u>Records Jackson County Welfare</u>	<b>Address</b> <u>K.C., Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <u>Unknown causes</u>	
Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last.	
DUE TO (b) _____	
DUE TO (c) _____	

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female</b> was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	<b>Month, Day, Year</b> _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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**21. I attended the deceased from** 10-8-59 **to** 10-8-59 **and last saw** him **alive on** 10-8-59  
**Death occurred at** 7:20 A.M. **on the date stated above, and to the best of my knowledge, from the causes stated.**

<b>22a. SIGNATURE</b> (Degree or title) <u>Abraham Gelpin M.D.</u>	<b>22b. ADDRESS</b> <u>2400 Cherry K.C.Mo.</u>	<b>22c. DATE SIGNED</b> <u>10-8-59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>23b. DATE</b> <u>10-14-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mount Calvary Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Kansas</u>
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<b>24. FUNERAL DIRECTOR</b> <u>WEILERT FUNERAL HOMES(S) K.C., Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-14-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Heva Minshall</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Abraham Gelpin

