

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

60-006381

936

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 3 Day 3 1/2		c. CITY OR TOWN KANSAS CITY NORTH		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3928 North Lister		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDWARD Middle GATES Last KEITH				4. DATE OF DEATH Month February Day 15 Year 1960				
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 9-19-2324	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman			10b. KIND OF BUSINESS OR INDUSTRY Fire Dept.		11. BIRTHPLACE (City and state or country) KANSAS CITY, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Keith			13b. MOTHER'S MAIDEN NAME Myrtle Hanayfus			14. NAME OF HUSBAND OR WIFE MRS Rose Keith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 2-6-43 to 12-14-45			16. SOCIAL SECURITY NO. 500-12-3211		17. INFORMANT Mrs Rose Keith, Kansas City North, Mo. Official Records, VA Hospital, K.C., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Bronchopneumonia with abscesses								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) Carcinoma of left lung with metastases								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. Attended the deceased from VA 2-12-60 to 2-15-60 and last saw him alive on 2-15-60		Death occurred at 1:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Albert L. Chasson MD				22b. ADDRESS V.A. Hospital, Kansas City, Mo			22c. DATE SIGNED 2-15-60	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-18-60	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cem		23d. LOCATION (City, town, or county) (State) Kansas City Kansas			
24. FUNERAL DIRECTOR D.W. Newcomers Sons			ADDRESS N.K.C.16, Mo.		25. DATE RECD. BY LOCAL REG. 2-16-60		26. REGISTRAR'S SIGNATURE neva minshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

202-3311

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Kalsbach

Licensed Embalmer No. 4949
P. O. Address No. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.