RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-015440
STATE FILE NUMBER

FILED VS APR 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2064

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Research Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2716 Gillham Rd. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MRS. MARY Middle: M. Last: KELLER

4. DATE OF DEATH: Month: April Day: 10 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-19-1884
9. AGE (last birthday): 76
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ferdinand Kleinman
13b. MOTHER'S MAIDEN NAME: Magedelena Huhn
14. NAME OF HUSBAND OR WIFE: George Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-36-9403
17. INFORMANT: Mr. George Keller Address: 525 E. Armour

MEDICAL CERTIFICATION:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 9-5-59 to 4-10-60 and last saw her alive on 4-10-60
Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE — (Degree or title): Wilson H. Miller, M.D.
22b. ADDRESS: 4620 Independence Ave Kansas City, Mo.
22c. DATE SIGNED: 4-11-60

BY AFFIDAVIT OF: Wilson H. Miller

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-13-60
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home
ADDRESS: 1800 E. Linwood Blvd.
25. DATE RECD. BY LOCAL REG.: 4-12-60
26. REGISTRAR'S SIGNATURE: Nera Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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