

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034849

FILED VS OCT 1 0 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4855

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) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b app. 2 yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) Unknown.	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last 4. DATE OF DEATH Month Day Year
 FRED M. KEITH 9 25 60

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-22-05 9. AGE (last birthday) 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) Carnival 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Birmingham Ala 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME William C. Keith 13b. MOTHER'S MAIDEN NAME Mary Willeighan 14. NAME OF HUSBAND OR WIFE Unknown.

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. 304-65-4098 17. INFORMANT Address Gen. Hosp. Records, K.C., 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) Pancreatitis
 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 Month, Day, Year a.m. p.m.

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 9-23-60 to 9-25-60 and last saw her him alive on 9-25-60
 Death occurred at 7:55 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Dwyer (Degree or title) 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 9-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Sept. 27, 1960 23c. NAME OF CEMETERY OR CREMATORY Plattsburg Cemetery 23d. LOCATION (City, town, or county) (State) Plattsburg, Missouri

24. FUNERAL DIRECTOR Lyon Funeral Home, Inc., Plattsburg, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 9-26-60 26. REGISTRAR'S SIGNATURE H. L. Dwyer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. L. Dwyer

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 Philip E. Cox

Licensed Embalmer No. 4993

P. O. Address Stamberg

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.