RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1961

-60-046159

STATE FILE NUMBER

DED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6433

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 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hop.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4434 Prospect
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: BETTY Middle: Last: KEITH

4. DATE OF DEATH Month 12 Day 20 Year 60

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH —
9. AGE (last birthday) 82
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
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James D. Keith
13b. MOTHER'S MAIDEN NAME Emaline Duvall
14. NAME OF HUSBAND OR WIFE James Keith

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. no
17. INFORMANT Cleo Kattner Address 4518 Wabash

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) multiple pulmonary emboli
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 12-13-60, to 12-20-60 and last saw ~~him~~ her alive on 12-20-60
Death occurred at 12:35 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Frank Ellis (Degree or title) MD
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 12-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-23-60
23c. NAME OF CEMETERY OR CREMATORY Hawthyne Cem
23d. LOCATION (City, town, or county) Green City (State) Mo.

24. FUNERAL DIRECTOR Newcomer and Sons ADDRESS Kcmo
25. DATE RECD. BY LOCAL REG. 12-22-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E. Frank Ellis

STATEMENT BY LICENSED EMBALMER

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

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
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.