

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-001459

STATE FILE NUMBER

RITE TUB AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 416

FILED VS FEB 14 1961

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>			Length of stay in 1b <b>20 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>400 East 43rd. Street</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>400 East 43rd. Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HAROLD ALBERT KEITH</b>						4. DATE OF DEATH Month Day Year <b>January 23, 1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/19/82</b>	9. AGE (last birthday) <b>78</b>	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) <b>CLEANING HOUSE &amp; WINDOW</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MILFORD, INDIANA</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			
13a. FATHER'S NAME <b>ALBERT KEITH</b>			13b. MOTHER'S MAIDEN NAME <b>JANE HOMAN</b>			14. NAME OF HUSBAND OR WIFE <b>MRS. JENNIE L. KEITH</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. -----		17. INFORMANT <b>MRS. JENNIE L. KEITH</b> Address <b>400 EAST 43RD ST MO</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>Advanced Cerebral Arteriosclerosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b> 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"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.								
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. I attended the deceased from <b>4-11-55</b> to <b>1-22-61</b> and last saw her/him alive on <b>1-22-61</b> Death occurred at <b>12:05 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>John H. Wheeler</i>				22b. ADDRESS <b>M.D. 411 Nichols Road, K. C. Mo.</b>		22c. DATE SIGNED <b>1-23-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		23b. DATE <b>JAN. 25, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>D.W. NEWCOMER'S SONS</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b> ADDRESS <b>1331 Brush Creek Blvd. Kansas City</b>				25. DATE RECD. BY LOCAL REG. <b>1-26-61</b>		25. REGISTRAR'S SIGNATURE <i>Ruth Long</i>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DATE AMENDED  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF  
 WHEELER WEDON

DOCUMENT  
John H. Wheeler-MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address K. C. Mo

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.