

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008895

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1412

FILED APR 6 1961

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY CLAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 23 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4436 N. AGNES	
3. NAME OF DECEASED (Type or print) First Middle Last William M. Keefer				4. DATE OF DEATH Month Day Year MAR 17 1961			
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 3-15-1913	
				9. AGE (last birthday) 48		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Gauger Mobil Oil Co				10b. KIND OF BUSINESS OR INDUSTRY EMPORIA, KS		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME William W. Keefer			13b. MOTHER'S MAIDEN NAME Nellie Kissell			14. NAME OF HUSBAND OR WIFE Eva Keefer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. II				16. SOCIAL SECURITY NO. W.W. II		17. INFORMANT Address Eva Keefer 4436 N. Agnes	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMACHROMATOSIS; PIGMENTARY MONTHS DUE TO (b) CIRROSIS OF THE LIVER MONTHS DUE TO (c) HEMORRHAGES FROM VARICES OF THE STOMACH AND THE ESOPHAGUS 1 DAY							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) DIABETES MELLITIS							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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) INSECT BITE AT WORK			
20c. TIME OF INJURY Hour a.m. p.m. 9-12-60							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 MARCH 16, 1961 to MARCH 17 1961 and last saw him alive on MARCH 16, 1961 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert Jansen M.D.				22b. ADDRESS 101 E 63rd ST.		22c. DATE SIGNED 3-17-61	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-20-61		23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
24. FUNERAL DIRECTOR DW. NEWCOMERS SONS				25. DATE RECD. BY LOCAL REG. 3-20-61		26. REGISTRAR'S SIGNATURE Ruth H. Long	

DATE AMENDED

INSTEAD OF

DOCUMENT

Robert Jansen MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 John V. Henrich, Jr.  
Licensed Embalmer No. 4848  
P. O. Address K.C. 17, 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.