

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008896

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1333

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 Cass	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 19 days	c. CITY OR TOWN Belton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 105 S. Scott Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GRACE Middle L. Last KEENEY			4. DATE OF DEATH Month March Day 14 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/3/86	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days 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 Own home	11. BIRTHPLACE (City and state or country) Boynnton, Ill.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George F. Scott		13b. MOTHER'S MAIDEN NAME Alice Paul		14. NAME OF HUSBAND OR WIFE Jesse R. Keeney	
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.	17. INFORMANT Address Lyle Keeney Mt. Vernon, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTIONS, MULTIPLE			1 to 12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	AORTIC STENOSIS	20+ Yrs.
	DUE TO (c)	RHEUMATIC HEART DISEASE, CHRONIC	40+ Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MITRAL STENOSIS			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		

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 KANSAS CITY	COUNTY JACKSON	STATE MISSOURI
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21. I attended the deceased from **FEB. 8, 1946** to **MARCH 14, 1961** and last saw her alive on **MARCH 13, 1961**
Death occurred at **5:55 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert A. Tracy (Degree or title) M.D.	22b. ADDRESS BELTON, Mo.	22c. DATE SIGNED 3-15-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 16, 1961	23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	23d. LOCATION (City, town, or county) (State) Belton, Mo.
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24. FUNERAL DIRECTOR E. K. George & Sons Belton, Mo.	25. DATE RECD. BY LOCAL REG. 3-15-61	26. REGISTRAR'S SIGNATURE Ruth Long
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AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 Herbert A. Tracy

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belt, 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.