MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043068
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 580

FILED DEC 6 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Length of stay in lb: 5 wks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Independence Sgn & Hosp — 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: Blue Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9th & Scott — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Luetta — Middle: C — Last: Keys
4. DATE OF DEATH: Month: Nov — Day: 30 — Year: 1962
5. SEX: F M
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/24/1900
9. AGE (last birthday): 62 — 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): Clerk Fashion Shopp
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lynn Co Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Robert Chrisman
13b. MOTHER'S MAIDEN NAME: Mary Eivens
14. NAME OF HUSBAND OR WIFE: Wm Keys - Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: No
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: Robert Keys Kansas City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intestional obst — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Abdominal metastatic carcinoma — 5 mo
DUE TO (c): Carcinomal of bowel
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 7-11-60, to 11-30-62 and last saw her alive on 11-30-62
Death occurred at 2:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Merrill R. Bay M.D
22b. ADDRESS: Blue Springs Mo
22c. DATE SIGNED: 12-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 2 1962
23c. NAME OF CEMETERY OR CREMATORY: Blue Springs Cem
23d. LOCATION (City, town, or county) (State): Blue Springs Mo

24. FUNERAL DIRECTOR — ADDRESS: Webb Funeral Home Blue Springs Mo
25. DATE RECD. BY LOCAL REG.: 12-2-62
26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1962

12-2-62

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.