

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23286
Registrar's No. 150

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, MO

c. LENGTH OF STAY (In this place) 10 mos

d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman Mills, Mo

d. STREET ADDRESS (If rural, give location) R. R. 2

3. NAME OF DECEASED

a. (First) John b. (Middle) Wesley c. (Last) McKee

4. DATE OF DEATH (Month) (Day) (Year)

7-20-54

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 12-3-1887

9. AGE (In years last birthday) 67

UNDER 1 YEAR YEAR UNDER 1 HR. HR. MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming, General

11. BIRTHPLACE (State or foreign country) Standsberry, Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 496-05-5395

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Durill McKee, Hickman Mills Mo

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat Exhaustion

ANTECEDENT CAUSES

DUE TO (b) Cerebral vascular-accident

DUE TO (c) Hypertension, arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 331XF

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug, 1953, to 7-20, 1954, that I last saw the deceased alive on 7-20, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Keith M. D. (Degree or title)

23b. ADDRESS 204 Argyle Bldg

23c. DATE SIGNED 7-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-22-54

24c. NAME OF CEMETERY OR CREMATORY Peculiar Cemebery

24d. LOCATION (City, town, or county) (State) Peculiar, Mo.

DATE REC'D BY LOCAL REG. 7-21-54 REGISTRAR'S SIGNATURE N.B. Longford 483

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.K. George & Sons Inc Grandview, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

Sterling E. Goodard

Licensed Embalmer No.

4911

P. O. Address.....

Grandview 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 this body is not embalmed, fact should be so stated above.