

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27501**
3630

BIRTH NO. --- REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. ---

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place township) 15 days	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 1317. Cleveland	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) CLAY c. (Last) MC KEAN	4. DATE OF DEATH (Month) (Day) (Year) July 23, 1954					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 30, 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Hamburg, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Levi T. McKean	13b. MOTHER'S MAIDEN NAME Frances Black	14. NAME OF HUSBAND OR WIFE Nellie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. 505-01-9297	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL OFFICIAL RECORDS, KCMO	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema		1 hour
DUE TO (c) Calcific aortic stenosis with		15 days	
II. OTHER SIGNIFICANT CONDITIONS Myocardial hypertrophy Conditions contributing to the death but not related to the disease or condition causing death.		4211	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 8, 1954**, to **July 23, 1954**, and that death occurred at **4:55A** m., from the causes and on the date stated above.

23a. SIGNATURE Clyde Young (Degree or title) 0	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 7/23/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JULY 25, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY	24d. LOCATION (City, town, or county) (State) HAMBURG, IOWA
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DATE REC'D BY LOCAL REG. 7-24-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE H. W. Newcomer ADDRESS 1331 BRYAN CREEK KANSAS CITY, MISSOURI
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *San Jose*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.