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FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18814**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **2244**

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|---|----------------------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City | | c. LENGTH OF STAY (in this place) Life | 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 HOSPITAL OR INSTITUTION 235 Ward Parkway | | | STREET ADDRESS (If rural, give location) 235 Ward Parkway | | |
| 3. NAME OF DECEASED (Type or Print) ELEANOR | | | a. (First) | b. (Middle) | c. (Last) McKEOWN |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Sept. 24, 1906 | 9. AGE (In years 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) Cashier | | 10b. KIND OF BUSINESS OR INDUSTRY CLOTHING. Mindlin's store | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|---|---|---|--|
| 13a. FATHER'S NAME John McKeown | | 13b. MOTHER'S MAIDEN NAME Mariha Dunlop | | 14. NAME OF HUSBAND OR WIFE --- | |
| 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. 195-24-8585 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. James McKeown, Pasadena, Calif. | | |

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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation | | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) Chronic Myocardial Insufficiency | | | 3 weeks |
| | DUE TO (c) None | | | 4201 |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|--|--|---|
| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 20, 1955 to May 22, 1955, that I last saw the deceased alive on May 21, 1955, and that death occurred at 5 P m., from the causes and on the date stated above.

| | | |
|---|---|---|
| 23a. SIGNATURE (Degree or title) Kenneth G. Davis, M.D. | 23b. ADDRESS 201 Plaza Theatre Bldg. Kansas City, Mo. | 23c. DATE SIGNED 5-23-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-24-55 | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill |
| | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |

| | | |
|--|---|---|
| DATE REC'D BY LOCAL REG. 5-24-55 | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO. |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Kenneth A. Davis

Dr. Kenneth Davis
Plaza Theatre Bldg.
L 1104

July - 5 PM

11:00 AM on

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 *Elias D. Lipscomb*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

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.