

Doctor, coroner, etc. must use only standard nomenclature in Part 10. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5061

STATE FILE NUMBER

FILED FEB 27 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 546

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		Length of stay in lbs. <u>30 lbs.</u>	d. STREET ADDRESS <u>750 WEST 47th ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>EFFIE</u> First <u>K</u> Middle <u>U</u> Last <u>WIFFERS</u>			4. DATE OF DEATH <u>FEB. 2 1957</u> Month <u>FEB.</u> Day <u>2</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 12 1885</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>71</u> Days <u>71</u> IF UNDER 24 HRS. Hours <u>71</u> Min. <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MARYLAND</u>	
13. FATHER'S NAME <u>WILLIAMS C. KEOWN</u>			14. MOTHER'S MAIDEN NAME <u>ABALINE Good</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>ST. JOSEPH HOSPITAL RECORDS</u> Address <u>K.C., MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Heart Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Rheumatic Heart Disease & mitral valvular disease.</u>			
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>a. m.</u> Month <u>p. m.</u> Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Feb 1946</u> to <u>Feb 2, 1957</u> and last saw ^{her} _{him} alive on <u>Feb 1, 1957</u> Death occurred at <u>12:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Martin P. Hunter M.D.</u>			22b. ADDRESS <u>1408 Waldheim Bldg</u>		22c. DATE SIGNED <u>Feb 4, 1957</u>
23a. BURIAL, CREMATION, REPOSITORY (Specify) <u>Buried</u>		23b. DATE <u>2-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CREMATORY K.C., MO.</u>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>		ADDRESS <u>K.C., MO - 2-4-57</u>		25. DATE RECD. BY LOCAL REG. <u>Neva Marshall</u>	
26. REGISTRAR'S SIGNATURE					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Martin P. Hunter

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..... *Eugene D. Smith*

Licensed Embalmer No..... *28*

P. O. Address..... *H. C. ...*

**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.**