

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001678

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 6572 Registrar's No. 7

FILED JAN 13 1959

300
-57

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 OR TOWN Rural Prairie Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp. Length of stay in lb 11 days		d. STREET ADDRESS (If outside, give location) 8623 E. 29th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Myra Middle M Last Kealand			4. DATE OF DEATH Month Jan. Day 4 Year 1959		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28 - 1893	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) Jaline Co. - Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Seaney	13b. MOTHER'S MAIDEN NAME Luehla Armond	14. NAME OF HUSBAND OR WIFE Deemed
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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. No	17. INFORMANT James Ashby Address 8623 E 29th
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebro-Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-Sclerotic Heart disease		
DUE TO (c) Gen. Arterio-sclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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 (a) or PART II of item 18.) 4200
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20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 12-24-58 to 1-4-59 and last saw her alive on 1-4-59 Death occurred at 7:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Phil Saper M.D. (Degree or title)	22b. ADDRESS Peis Summit Mo	22c. DATE SIGNED 1-5-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-6-58	23c. NAME OF CEMETERY OR CREMATORY Washington	23d. LOCATION (City, town, or county) (State) Glasgow Mo
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24. FUNERAL DIRECTOR Mayfield ADDRESS 1600 main Blue Springs	25. DATE RECD. BY LOCAL REG. 1-8-59	26. REGISTRAR'S SIGNATURE A B Langford
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Charles E. Mayfield*
Licensed Embalmer No. *4638*
P. O. Address *Blue Springs*

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.