

FILED APR 24 1942

Registration District No. 250

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5348

10664

State File No.

Registrar's No. 5

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

1. PLACE OF DEATH: Daviess

(a) County: Daviess

(b) City or town: Rural Union Township

(c) Name of hospital or institution: 1/2 Mile East Gallatin, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Everett Arthur Keck

3. (b) If veteran, name war: None

3. (c) Social Security No. 500-07-1434

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Addie Keck

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: July 5 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	6	29	hr. min.

9. Birthplace: Gallatin Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business: Grocery Store

12. Name: John A. Keck

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Susar Distelhorst

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Addie Keck

(b) Address: Gallatin, Mo.

17. (a) Burial (b) Date thereof: 2-6-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Brown Cemetery

18. (a) Signature of funeral director: Hope Turney

(b) Address: Gallatin, Mo.

19. (a) 3-13-1942 (b) H. O. Dickerson (Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Daviess 31

(c) City or town: Rural Union Township (If outside city or town limits, write "RURAL")

(d) Street No.: 1/2 Mile East Gallatin (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 4 day 4 year 1942 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan 1940 to Feb 4 1942 that I last saw him alive on Feb 4 1942 and that death occurred on the date and hour stated above

Immediate cause of death: Coronary occlusion

Due to: Chronic Cholecystitis, Chronic Colitis

Due to: ... Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 9/4a Of autopsy: ... PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury: 67

23. Signature: H. W. Barker (M.D. or other) Address: Gallatin, Mo. Date signed: 2-6-42

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

L. O. Richardson

Licensed Embalmer No.

3302

P. O. Address.....

Gallatin, Md

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.