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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 16011

Registrar's No. 403

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community 42 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Mo. (b) County Greene 0

(c) City or town Springfield — Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Oak Grove & Monroe 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Earl Keesee

3. (b) If veteran, name war None

3. (c) Social Security No. ?

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lorene Keesee

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

7. Birth date of deceased March 10, 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	2	4	hr. min.

9. Birthplace Springfield Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Line man Telephone Co.,

11. Industry or business Line Man

FATHER
12. Name E. D. Keesee
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Andrews
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorene Keesee
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 5-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cem.,

18. (a) Signature of funeral director J W Klingner & Co.,
(b) Address Springfield Mo.

19. (a) 5-15-48 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1948 hour 7 minute 15A. M.

21. I hereby certify that I attended the deceased from Oct 1947 to May 13 1948;
that I last saw him alive on May 13 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Papillary Adenocarcinoma of Rectum

Due to multiple polynosis of Colon

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph N. Hills (M. D. or other)

Address 609 Cherry Date signed 5-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Slone Jr.

Licensed Embalmer No. 4126

P. O. Address Springfield

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.