

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9183**

FILED APR 8 1949

S. No. 300
V. 10.48

63000

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

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>4318</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo.		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo.		d. STREET ADDRESS (If rural, give location) 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION none				3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Edward c. (Last) McKeown			
4. DATE OF DEATH (Month) (Day) (Year) March 16, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Feb. 2, 1878		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 1 Days 14		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Gen Mdse.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James McKeown		13b. MOTHER'S MAIDEN NAME Mary Kerr		14. NAME OF HUSBAND OR WIFE Mae McKeown Vienna, Mo.			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mae McKeown Vienna, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis interstitialis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 5-11				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) su		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Vienna Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 2 2		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7			
22. I hereby certify that I attended the deceased from Mar 14, 1949 , to Mar 16, 1949 , that I last saw the deceased alive on Mar 15, 1949 , and that death occurred at 1 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. James M. D. O.		23b. ADDRESS Belle Mo		23c. DATE SIGNED Mar 19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19, 1949		24c. NAME OF CEMETERY OR CREMATORY Visitation		24d. LOCATION (City, town, or county) (State) Vienna, Mo.	
DATE REC'D BY LOCAL REG. 3/26-49		REGISTRAR'S SIGNATURE Pauline Howard		198		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Th. O. Cunningham Vienna Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH OFFICER NO. 9,
District File Number
Date Filed APR 7 1948

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.

Signed.....
Student Embalmer

Signed *M. O. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Veona, Mo*

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.