

No. 300
10.48

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19185
Registrar's No. 572

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000	
1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 20 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		2
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1448 East Central			d. STREET ADDRESS (If rural, give location) 1448 East Central		
3. NAME OF DECEASED (Type or Print) a. (First) Maurice b. (Middle) Lee c. (Last) Keach			4. DATE OF DEATH (Month) (Day) (Year) June 27 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 21, 1880		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Sals.		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Vandalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John N. Keach		13b. MOTHER'S MAIDEN NAME Florence Jamison		14. NAME OF HUSBAND OR WIFE Mary Keach	
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. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Keach		ADDRESS Springfield
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac decompensation</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Rheumatic valvular heart disease</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i> <i>50 yrs</i> <i>44 X</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>none</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Springfield, Greene, Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>(dates checked, etc)</i>			
22. I hereby certify that I attended the deceased from <i>Mar 19, 1947</i> , to <i>Nov 7, 1947</i> , that I last saw the deceased alive on <i>Nov 7, 1947</i> , and that death occurred at <i>5 A. M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>H. H. Lohmeyer</i>		23b. ADDRESS <i>609 Cherry St.</i>		23c. DATE SIGNED <i>June 27, 1949</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Springfield Mo.		
DATE REC'D BY LOCAL REG <i>6-28-49</i>	REGISTRAR'S SIGNATURE <i>W. J. Handley</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>H. H. Lohmeyer</i>		ADDRESS Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1949

JUN 14 1949

FEB 22 1951

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

Walter E. Hamelt

Signed.....

Student Embalmer

Licensed Embalmer No.3808

P. O. Address Springfield, 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.