No. 300
10.48

50
0
0

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20040

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morse Mill (Big River)
c. LENGTH OF STAY (In this place): 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi S of Morse Mill

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro Rural (Central)
d. STREET ADDRESS (If rural, give location): 5 mi west of Hillsboro

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) SAMUEL c. (Last) McKEEN

4. DATE OF DEATH (Month) (Day) (Year): June 28 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Feb 18 1882
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hillsboro Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sterrett P. McKeen
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Emma Wohlfold McKeen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Chas. McKeen — ADDRESS: High Ridge Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COMPOUND FRACTURE OF SKULL (VERDICT OF JURY) ACCIDENTLY APPROXIMATELY AT 3 P.M JUNE 28, 1949 AT HUTCHESON'S FARM NEAR MORSE MILL, MO AS A RESULT OF A ACCIDENT FROM LOSING CONTROL OF THE TRACTOR HE WAS OPERATING.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FARM
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): MORSE MILL JEFFERSON MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JUNE 28 1949 3 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ACCIDENTALLY BY TRACTOR GOING OUT OF CONTROL

22. *I hereby certify that I attended the deceased from* INQUEST, *19* JUNE 29, *19* 49, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Daniel J. Mahn Coroner Jeff Co
23b. ADDRESS: Dekato Mo
23c. DATE SIGNED: 6/29/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1 1949
24c. NAME OF CEMETERY OR CREMATORY: Hillsboro Cemetery
24d. LOCATION (City, town, or county) (State): Hillsboro Mo.

DATE REC'D BY LOCAL REG.: 7-2-49
REGISTRAR'S SIGNATURE: Kathleen Marsden 141
25. FUNERAL DIRECTOR'S SIGNATURE: Donald B. Dietrich — ADDRESS: Dekato Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 6 1949
District Health Officer No. 9b
District File Number.....

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 Donnell B. Dietrich

Signed.....
Student Embalmer

Licensed Embalmer No. 4104

P. O. Address DeSoto, 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.