

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 13 1949

No. 300

10. 48

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5506</u>		Registrar's No. <u>266</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>10 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clinton Twp. A</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON TWP</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELZIE</u> b. (Middle) <u>ELSWORTH</u> c. (Last) <u>KEOWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 30, 1884</u>	
9. AGE (In years) (last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>farm helper</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) (last birthday) (Months) (Days) (Hours) (Min.) <u>64 11 6</u>	
11. BIRTHPLACE (State or foreign country) <u>Warsaw, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>					
13a. FATHER'S NAME <u>Thomas A. Keown</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Lynardall Keown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY # <u>497728-1096</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lynardall Keown</u> ADDRESS <u>Clinton, Mo.</u>			
18. NO. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)			
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?			
22. I hereby certify that I attended the deceased from <u>May 21, 1949</u> , to <u>Sept 6, 1949</u> , that I last saw the deceased alive on <u>Sept 6, 1949</u> , and that death occurred at <u>10:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. D. Hughes, M.D.</u>			23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>9/7/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 8, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo. Henry Co.</u>	
DATE REC'D BY LOCAL REG <u>Sept 8 - 49</u>		REGISTRAR'S SIGNATURE <u>Florence Adame</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Vansant</u> ADDRESS <u>Clinton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1948

RECEIVED

District Health Officer No. 7,

District File Number 8-49-1092

Date Filed 9-12-49

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.

Student
Student Embalmer

Signed

A. J. Varsant

Licensed Embalmer No. 3778

P. O. Address Clinton, 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.