

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37728**

FILED DEC 15 1949

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **206**

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Purcell		c. CITY (If outside corporate limits, write RURAL and give township) Purcell	
c. LENGTH OF STAY (In this place) 34 Yrs.		d. STREET ADDRESS (If rural, give location) RURAL—MINERAL TWP. 3 PURCELL, MISSOURI	
d. FULL NAME OF HOSPITAL OR INSTITUTION Purcell, Missouri			

3. NAME OF DECEASED (Type or Print)	a. (First) Samuel	b. (Middle) Marcus	c. (Last) Keesee	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Month 10 Day 17	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marshfield, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac N. Keesee	13b. MOTHER'S MAIDEN NAME Nancy Dav	14. NAME OF HUSBAND OR WIFE Rosa Keesee
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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 Mrs. Rosa Keesee, Purcell, Missouri	ADDRESS Purcell, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YEARS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis (Myocardial Infarction)		
	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. Arthritic			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Purcell Jasper MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May**, 19**47**, to **Nov. 28**, 19**49**, that I last saw the deceased alive on **Nov. 28**, 19**49**, and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ellen R. Vanecko	23b. ADDRESS Alta - MO.	23c. DATE SIGNED 12-1-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 1, 1949	24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery	24d. LOCATION (City, town, or county) (State) 6 Miles N. of Webb City, MO
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DATE REC'D BY LOCAL REG. DEC. 5, 1949	REGISTRAR'S SIGNATURE S. C. Hutchell	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	ADDRESS Webb City
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RECEIVED - 12-13-49

Jasper County Health Office

County File Number 49-11-941

Date Filed 12-13-49

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

Jack C. Simpson

Licensed Embalmer No. 47

P. O. Address

Webb City, 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.