

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1968

0790

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5917 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Marys		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Marys	
c. LENGTH OF STAY (in this place) 3 months			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) E. c. (Last) Keene			4. DATE OF DEATH (Month) (Day) (Year) Jan 7 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 22 1899		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
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) Alton ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Keene		13b. MOTHER'S MAIDEN NAME Alice		14. NAME OF HUSBAND OR WIFE Velma Keene	
----------------------------------	--	---------------------------------	--	-----------------------------------------	--

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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Velma Keene Silver Lake Star R 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Anemia 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 NO 2X	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	-----------------------------------------------	--

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 Dec 1, 1949, to 1-7, 1950, that I last saw the deceased alive on Dec 21, 1949, and that death occurred at 5:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Will Diederich) (Degree or title) Do Perryville Mo		23b. ADDRESS		23c. DATE SIGNED 1-7-1950	
--------------------------------------------------------------------	--	--------------	--	---------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 8 1950		24c. NAME OF CEMETERY OR CREMATORY West Alton Cemetery		24d. LOCATION (City, town, or county) (State) West Alton Mo.	
---------------------------------------------------	--	----------------------	--	--------------------------------------------------------	--	--------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. Jan 7-1950		REGISTRAR'S SIGNATURE Joe J. Zellmer 250		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo	
-------------------------------------	--	------------------------------------------	--	---------------------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-177

FEB 10 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Edward Young

Signed.....

Student Embalmer

Licensed Embalmer No. 2838

P. O. Address Reserve 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.