

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8100**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **67**

264

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 17 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Belle, Mo		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Lewis b. (Middle) Horace c. (Last) Keeney Keeney			4. DATE OF DEATH (Month) (Day) (Year) 3/13/50		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 3/26/1874		9. AGE (in years last birthday) 75		IF UNDER 1 YEAR Days 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) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Issac Keeney		13b. MOTHER'S MAIDEN NAME Lena Ritche		14. NAME OF HUSBAND OR WIFE Laura Keeney Keeney	
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 Mrs. Laura Keeney -Belle, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis venous		DUPLICATE			year
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE			year
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. arterial hypertension		DUPLICATE			year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 446 X	
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?	

22. I hereby certify that I attended the deceased from **3-7** 19 **50**, to **3-13**, 19 **50**, that I last saw the deceased alive on **3-13**, 19 **50**, and that death occurred at **7:05P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dean D. Jansen		23b. ADDRESS Jefferson City Mo		23c. DATE SIGNED 3-17-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/50		24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery	
				24d. LOCATION (City, town, or county) (State) Osage County - Missouri	

DATE REC'D BY LOCAL REG. Mar 17-19 50		REGISTRAR'S SIGNATURE R.P. Norris Md - NR		25. FEDERAL DIRECTOR'S SIGNATURE Chester J. ...	
				ADDRESS Belle Mo	

APR 14 1950

District File Number

District Position

MAR 28 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

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Chester Sasseman

Licensed Embalmer No.

4128

P. O. Address

Bland - 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.