

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34132

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 354

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rall</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>RR # 3, New London Mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEEKER Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JENNIE</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>O'KEEFE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 25 1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 15 1888</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>10</u>	# UNDER 6 mos. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>BETHEL Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Chas. H. LENNOX</u>	13b. MOTHER'S MAIDEN NAME <u>MARY SUSAN ELY</u>	14. NAME OF HUSBAND OR WIFE <u>BENJ. B. O'KEEFE</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. H. W. Hibbons</u>	ADDRESS <u>Hannibal Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>paroxysmal auricular tachycardia</u>		<u>1 yr</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>ADD 1</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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? _____
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22. I hereby certify that I attended the deceased from 9/24/50, 1950, to 9/25/50, 1950, that I last saw the deceased alive on 9/25/50, 1950, and that death occurred at 7:30 o m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Sutzman</u> (Degree or title) <u>M.D., F.A.C.S.</u>	23b. ADDRESS <u>115 N. 5th St., Hannibal, Mo</u>	23c. DATE SIGNED <u>10/2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>SEPT. 27 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-17-50</u>	REGISTRAR'S SIGNATURE <u>Dr. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>	ADDRESS <u>Hannibal Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 19 1950
UNION CO. HEALTH DEPT.
DATE FILED OCT 20 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.....
Student Embalmer

Signed M. J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.