

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4568

State File No. \_\_\_\_\_

FILED FEB 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>34</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>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisy City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>413 So Dayton</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Eva</u>		c. (Last) <u>Keck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-1951</u>	
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>3-5-1867</u>	
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Springer</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Bogarth</u>		14. NAME OF HUSBAND OR WIFE <u>William J. Keck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William J. Keck</u> ADDRESS <u>Louisy City Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd degree body burns</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General toxemia +</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Louisy City, St. Clair, Mo.</u>		21d. HOW DID INJURY OCCUR? <u>Lighting oil stove</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-20-50 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Dec. 20, 1950</u> , to <u>Feb. 31, 1951</u> , that I last saw the deceased alive on <u>Feb. 13, 1951</u> , and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert H. Haswell, M.D.</u>		23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>2-18-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Louisy City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Louisy City Mo</u>	
DATE REC'D BY LOCAL REG <u>Feb-19-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard A. Hickman &amp; Son</u> ADDRESS <u>Clinton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0422

RECEIVED 2-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 2-26-51

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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

*Robert J. Duggins*

Licensed Embalmer No. 4710

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.