

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13491

FILED APR 26 1951

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>24 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1204 East 10th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>T.</u> c. (Last) <u>KEENAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 18, 1878</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR <u>9</u> MONTHS		11. IF UNDER 1 MIN. <u>1</u> HOUR	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired BoilerMaker Mo. Pac.</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Marysville, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>L. J. Keenan</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Hafner Keenan</u>				14. NAME OF HUSBAND OR WIFE <u>Laura Kroschen Kahrs</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>				16. SOCIAL SECURITY NO. <u>Spanish American</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura Keenan</u>				ADDRESS <u>1204 E. 10th,</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial embolism</u>								INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								DUE TO (b) <u>Coronary Heart Disease</u>		DUE TO (c)	
		DUE TO (c)								DUE TO (b)		DUE TO (a)	
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 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)			
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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 Jan 31, 1951, to April 19, 1951, that I last saw the deceased alive on April 19, 1951, and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>David R. Edwards M.D.</u> (Degree or title)				23b. ADDRESS <u>Sedalia, Mo.</u>				23c. DATE SIGNED <u>4-20-51</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-21-1951</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Conn</u>		ADDRESS <u>Linton, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

804

RECEIVED 4-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-25-51 _____

APR 26 1951

APR 26 1951

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Lepton, 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.