

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15491

State File No.

FILED MAY 13 1951

BIRTH NO. 21988-51 REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 28

2030

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

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ATCHISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAIRFAX</u>		c. LENGTH OF STAY (If in this place) <u>1 DAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRFAX COMMUNITY HOSP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TARKIO 0030</u>	
		d. STREET ADDRESS (If rural, give location) <u>TARKIO 0</u>	
3. NAME OF DECEASED a. (First) <u>VIVIAN</u> b. (Middle) <u>KAY</u> c. (Last) <u>KEEVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 3 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 2, 1951</u>
9. AGE (In years last birthday) <u>18</u> IF UNDER 1 YEAR Months <u>45</u> IF UNDER 24 HRS. Min. <u>18</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>
11. BIRTHPLACE (State or foreign country) <u>MISSOURI 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DILLARD KEEVER</u>		13b. MOTHER'S MAIDEN NAME <u>DARLENE McDOWELL</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>DILLARD KEEVER</u>		ADDRESS <u>TARKIO, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Central Nervous System Respiratory Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Premature 7 mos. gestation</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>7735</u>	
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 <u>3 May, 1951</u> , to <u>3 May, 1951</u> , that I last saw the deceased alive on <u>3 May, 1951</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. H. Needermeier, M.D.</u> (Degree or title)		23b. ADDRESS <u>Tarkio, Mo.</u>	
23c. DATE SIGNED <u>5/4/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-6-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MOUND CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>May 8, 1951</u>		REGISTRAR'S SIGNATURE <u>443</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James S. Crawford</u>		ADDRESS <u>Mound City, Mo.</u>	

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

James L. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.