No. 300

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1951

State File No. 29419

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 518 N. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
d. STREET ADDRESS (If rural, give location): 518 N. Main

3. NAME OF DECEASED (Type or Print)
a. (First): Stella
b. (Middle): Frances
c. (Last): Keen

4. DATE OF DEATH (Month) (Day) (Year): 9 - 8 - 1951

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-17-1881
9. AGE (In years last birthday): 69 — If under 1 year: Months: 11 Days: 21 — If under 1 day: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph West
13b. MOTHER'S MAIDEN NAME: Mollie Evans
14. NAME OF HUSBAND OR WIFE: George Keen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: E. T. Keen
ADDRESS: Butler, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 2900

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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. *, 1950, to* Sept 8 *, 1951, that I last saw the deceased alive on* Sept 8 *, 1951, and that death occurred at* 5:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Lothus M.D.
23b. ADDRESS: Butler, Mo
23c. DATE SIGNED: 9-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/11/51
24c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
24d. LOCATION (City, town, or county) (State): Butler, Missouri

DATE REC'D BY LOCAL REG.: Sept. 13-1951
REGISTRAR'S SIGNATURE: Kendall Kerney
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Culver-Underwood Butler, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-17-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 9-17-51

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 Robert G. Steinbeck

Signed
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, Missouri

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.