S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32310

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6167 Registrar's No. ~~72~~ 44

1. PLACE OF DEATH
a. COUNTY: STONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" UNION
c. LENGTH OF STAY (In this place): 30 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT. #1 - BILLINGS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" UNION 1040
d. STREET ADDRESS (If rural, give location): Rt. #1, BILLINGS

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): KEENER

4. DATE OF DEATH (Month) (Day) (Year): AUG. 11 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: AUG. 4-1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: —
11. BIRTHPLACE (State or foreign country): CHRISTIAN CO., MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ALEX CHAPMAN
13b. MOTHER'S MAIDEN NAME: JOHANNA HART
14. NAME OF HUSBAND OR WIFE: WILLIS KEETER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: WILLIS KEETER, RT. #1, BILLINGS, 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) Pulmonary the — 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) _____

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: 002X
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 _____, 1939, to Aug 11, 1951, that I last saw the deceased alive on August 2, 1951, and that death occurred at 2:30 A. m., from the causes and on the date stated above.*

23a. SIGNATURE: A. P. Copetti (Degree or title): M.D.
23b. ADDRESS: Amoco, Mo.
23c. DATE SIGNED: 8-12-51.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 13-1951
24c. NAME OF CEMETERY OR CREMATORY: IOOF CEMETERY
24d. LOCATION (City, town, or county) (State): MARIONVILLE MO.

DATE REC'D BY LOCAL REG.: aug. 23-51
REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brosseau 317 per Lena Murray
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John Dean Harris, Clever Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED SEP 12 [redacted]
Dist. File 95-165-9
Date Filed 9-12-95

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 John Alean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.