

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **5777** Registrar's No. **2-52**

1. PLACE OF DEATH a. COUNTY <b>Miller</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>		
b. CITY OR TOWN <b>Tuscumbia</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Tuscumbia</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Kece</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 2, 1952</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 10, 1878</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Henry Panen</b>		13b. MOTHER'S MAIDEN NAME <b>Izella Woolery</b>		14. NAME OF HUSBAND OR WIFE <b>George Thomas Kece</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ollie Atkinson</b> ADDRESS <b>Tuscumbia, Mo.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis - Heart Block.</b>		DUE TO (b) <b>Coronary Art Disease and</b>				Several yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Hypertensive Art Disease</b>				years
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 <b>4201</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
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?		

22. I hereby certify that I attended the deceased from **Nov. 7, 1951**, to **January 2, 1952**, that I last saw the deceased alive on **January 2, 1952**, and that death occurred at **8:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. E. Humphreys D. O. V.</b> (Degree or title)		23b. ADDRESS <b>Tuscumbia, Mo.</b>		23c. DATE SIGNED <b>1-6-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 4, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hawkins Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Brumley Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>January 12, 1952</b>	REGISTRAR'S SIGNATURE <b>391-1 Mrs. Richard L. Wright</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter P. Hedges</b> ADDRESS <b>Heard, Mo.</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

660

DECEASED

JAN 24 1977

MILLEN COUNTY HEALTH DEPARTMENT

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 Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Shelby, 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.