

LED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11793

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 40

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Washington Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> <u>0420</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u> | | d. STREET ADDRESS (If rural, give location) <u>204 East</u> <u>1</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Keucade</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-28-52</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>remarried</u> | 8. DATE OF BIRTH | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u> | IF UNDER 24 HRS. Hours <u>5</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life) <u>former hospital attendant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>Henry</u> |
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| 13a. FATHER'S NAME <u>John Keucade</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Celite</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>unknown</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary L. Keucade</u> ADDRESS <u>Windsor Mo</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>11 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Bronchitis Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture Neck Rt. Femur</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>E 9037-44</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SITES HOME/SHED (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Windsor Twp. Vernon Mo</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Windsor Vernon Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-17-52 6:30 a.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell on floor, on way to dining room</u> |
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22. I hereby certify that I attended the deceased from 3-12-1952 to 3-28-1952, that I last saw the deceased alive on 3-28-1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. Binch M.D.</u> (Degree or title) | 23b. ADDRESS <u>State Hospital # 3</u> | 23c. DATE SIGNED <u>3-28-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3-29-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Callahan Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>4-3-52</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert Turner</u> ADDRESS <u>Fun Home, Windsor, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
2

JUL 7 1953

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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 *Mark Eichenew*

Licensed Embalmer No. *2656*

P. O. Address *Nevada, Nev.*

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.