No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13557

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. 18

630
1

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

1. PLACE OF DEATH
a. COUNTY MARIES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL (JEFFERSON TOWNSHIP)
c. LENGTH OF STAY (in this place) 1½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) home of a son

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY OSAGE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL (JEFFERSON TOWNSHIP)
d. STREET ADDRESS (If rural, give location) 0650 0

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) c. (Last) KEENEY
4. DATE OF DEATH (Month) MAY (Day) 2 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH OCT 20th 1872
9. AGE (In years last birthday) 79 | 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 own home
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HANCKS
13b. MOTHER'S MAIDEN NAME ELI ZEBETH HARRIS
14. NAME OF HUSBAND OR WIFE HORACE KEENEY
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 ROY KEENEY ADDRESS BELLE

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Gall bladder — 8 MO.
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 155 X
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* 10/1, 1951, *to* 5/2, 1952, *that I last saw the deceased alive on* 5/2, 1952, *and that death occurred at* 11:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. H. Schoenbals (Degree or title) D.O.
23b. ADDRESS Belle, Mo
23c. DATE SIGNED 5/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 5th 1952
24c. NAME OF CEMETERY OR CREMATORY PILOT KNOB CEMETERY
24d. LOCATION (City, town, or county) (State) OSAGE COUNTY, MO.
DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE Pauline Howard 188
25. FUNERAL DIRECTOR'S SIGNATURE SASSMANN'S FUNERAL SERVICE ADDRESS BELLE Chester Sass

(Licensed Embalmer's Statement on Reverse Side)

## 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 Chester Sassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.