

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34588

State File No.

FILED NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5362 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Lamar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lamar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamesport Rural Sup.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jamesport</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0310</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMBLEY</u> b. (Middle) <u>PETERMAN</u> c. (Last) <u>KEOWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5-1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5-1882</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR <u>4</u> Months <u>0</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>James Keown</u>	13b. MOTHER'S MAIDEN NAME <u>Celia Peterman</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Keown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Keown</u> ADDRESS <u>Jamesport</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Blood Clot in heart, Coronary artery</u>		
	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 <u>H201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Oct 5, 1952, to Oct 5, 1952, that I last saw the deceased alive on Oct 5, 1952, and that death occurred at Oct 5 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.W. Bailey M.D.</u> (Degree or title)	23b. ADDRESS <u>Gallatin Mo.</u>	23c. DATE SIGNED <u>10-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin City Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-7-52</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Enselbert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Q. J. Robinson</u> ADDRESS <u>Jamesport Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 Q. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Jamesport 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.