

308
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STANDARD CERTIFICATE OF DEATH

35454
State File No. 35454
35454

NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 6579 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mineral		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purcell - Mineral Twsp.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Potter & Sims Mine North of Oregon, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) ISAAC	b. (Middle) N.	c. (Last) KEESEE	4. DATE OF DEATH (Month) (Day) (Year) November 5, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH December 24, 1916	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 11	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Lead & Zinc	11. BIRTHPLACE (State or foreign country) Purcell, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sam Keesee	13b. MOTHER'S MAIDEN NAME Rosa Belle Smith	14. NAME OF HUSBAND OR WIFE None
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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) YES WW II	16. SOCIAL SECURITY NO. 496-05-1005	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosa Bell Keesee	ADDRESS Purcell, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries, multiple, extremes		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crush injury head, chest		
	DUE TO (c) and compound fractures both femurs		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E912 R 4			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MINE OPERATIONS	21c. (CITY, TOWN, OR TOWNSHIP) MINERAL (COUNTY) JASPER (STATE) MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 5 52 8pm	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? TRAM CAR JUMPING TRACK THREW THIS MAN OFF CAR THEN CRUSHED HIM BENEATH
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22. I hereby certify that I attended the deceased from Did NOT attend, 1952, that I last saw the deceased alive on Nov 7, 1952, and that death occurred at 7:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Keesee</u> (Degree or title)	23b. ADDRESS <u>Spring Hotel Park Rd.</u>	23c. DATE SIGNED <u>11-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	24d. LOCATION (City, town, or county) (State) Purcell, Missouri
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DATE REC'D BY LOCAL REG. <u>Nov 7-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Surtz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-10-52
Jasper County Health Office

County File Number 52/11/868
Date Filed 11-10-52

SEP 29 1952

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 Lois J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.