

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15196**

FILED APR 27 1953

BIRTH NO.

REG. DIST. NO. **274**PRIMARY REG. DIST. NO. **3052**Registrar's No. **132**

|  |                                      |  |  |
|--|--------------------------------------|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Pettis</b>  |                                      | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>  |                                      | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>112 W. 4th</b>  |                                      | d. STREET ADDRESS (If rural, give location) <b>1302 So. Osage</b>  |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>Louise</b> c. (Last) <b>KEEVER</b>   |                                      | <b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 18 1953</b>  |  |
| <b>5. SEX</b> <b>Female</b>  | <b>6. COLOR OR RACE</b> <b>White</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>widowed</b>   | <b>8. DATE OF BIRTH</b> <b>Feb-15-1867</b>             |
| <b>9. AGE (in years last birthday)</b> <b>86</b>   |                                      | <b>10. IF UNDER 1 YEAR</b> Months <b>2</b> Days <b>3</b>   | <b>11. IF UNDER 24 HRS.</b> Hours <b></b> Min. <b></b> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |                                      | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>   |  |
| <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>unknown</b>   |                                      | <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A</b>   |  |
| <b>13a. FATHER'S NAME</b> <b>Rev William Stephens</b>  |                                      | <b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>  |  |
| <b>14. NAME OF HUSBAND OR WIFE</b> <b>John J. Keever (deceased)</b>  |                                      |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>   |                                      | <b>16. SOCIAL SECURITY NO.</b> <b>none</b>   |  |
| <b>17. INFORMANT'S SIGNATURE</b> <b>Mrs May Handley</b>  |                                      | <b>18. ADDRESS</b> <b>Independence Mo</b>  |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                                      | <b>19. MEDICAL CERTIFICATION</b><br>I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary embolism</b><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary sclerosis</b><br><br>DUE TO (c) <b></b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| <b>19a. DATE OF OPERATION</b>  |                                      | <b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>  |  |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                      |  |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  |                                      | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| <b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)   |                                      |  |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)   |                                      | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| <b>21f. HOW DID INJURY OCCUR?</b>  |                                      |  |  |
| <b>22. I hereby certify that I examined the deceased <u>as Coroner</u>, 18 <u>that I last saw the deceased alive on</u>, 19 <u>and that death occurred at 10:00 A.M.</u>, from the causes and on the date stated above.</b>            |                                      |  |  |
| <b>23a. SIGNATURE</b> (Degree or title) <b>Chas Gordon Seinfeld MD</b>   |                                      | <b>23b. ADDRESS</b> <b>Coroner, Pettis Co -</b>  |  |
| <b>23c. DATE SIGNED</b> <b>4-20-53</b>   |                                      |  |  |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>   |                                      | <b>24b. DATE</b> <b>4-20-53</b>  |  |
| <b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Smithton cemetery</b>   |                                      | <b>24d. LOCATION (City, town, or county)</b> (State) <b>Smithton Mo</b>  |  |
| <b>DATE REC'D BY LOCAL REG.</b> <b>4-20-53</b>   |                                      | <b>REGISTRAR'S SIGNATURE</b> <b>A. J. Campbell</b>   |  |
| <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>McLaughlin Bros</b>   |                                      | <b>ADDRESS</b> <b>Sedalia</b>  |  |

(Licensed Embalmer's statement on Reverse side)

251-0

WRITE PLAINLY—USING UNFADING 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

*Philip M. Laughlin*

Licensed Embalmer No. *3729*

P. O. Address *Sedalia, 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.