

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25381

State File No. ....

FILED AUG 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 754

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>  |  |
| c. LENGTH OF STAY (in this place) <u>5 hours</u>   |  | d. STREET ADDRESS (If rural, give location) <u>3430 Jackson Ave July 29, 1953</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>                            |  |   |  |

|                                     |                           |                             |                           |  |
|-------------------------------------|---------------------------|-----------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Charles</u> | b. (Middle) <u>Franklin</u> | c. (Last) <u>McKeehan</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7/29/53</u> |
|-------------------------------------|---------------------------|-----------------------------|---------------------------|--|

|                    |                               |   |                                      |   |                                   |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb 22, 1893</u> | 9. AGE (In years) (last birthday) <u>60</u> (Months) (Days) _____ | 10. UNDER 14 (Hours) (Min.) _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------------|

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|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Worker</u> | 11. BIRTHPLACE (State or foreign country) <u>Southwest City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Robert McKeehan</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Palmer</u> | 14. NAME OF HUSBAND OR WIFE <u>Gertrude McKeehan</u> |
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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>No</u> | 16. SOCIAL SECURITY NO. <u>491-01-2300</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude McKeehan</u> ADDRESS <u>3430 Jackson, Joplin, Mo</u> |
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| 18. CAUSE OF DEATH<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. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple injuries as result of an accident struck by car</u>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>(CORONERS INQUEST)</u>   |   |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>E8124 25</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Malden Ave Joplin Mo</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN JASPER MO.</u> |
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|  |   |   |
|--|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-28-53 9:00 a.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>STRUCK BY CAR DRIVEN BY FRANKLIN MULLINS, DENVER, MO.</u> |
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22. I hereby certify that I attended the deceased from (DID NOT ATTEND), 1953, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |   |                                |
|--|---|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Wendell W. ...</u> | 23b. ADDRESS <u>Just Natl Bldg Joplin</u> | 23c. DATE SIGNED <u>8/2/53</u> |
|--|---|--------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug 1, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo</u> |
|---|------------------------------|---|---|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG. <u>8-6-53</u> | REGISTRAR'S SIGNATURE <u>Ed D. James 138-</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>by ...</u> ADDRESS <u>Thornhill-Dillon Mortuary, Inc Joplin, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 10 1953  
Jasper County Health Office

County File Number 650  
Date Filed AUG 10 1953

AUG 18 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed [Signature]  
Student Embalmer No.....

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.