

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27653

State File No. _____

No. 300
10-48

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>11</u>	PRIMARY REG. DIST. NO. <u>5041</u>	Registrar's No. <u>58</u>
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flatcreek twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flatcreek Twp.</u> <u>0050</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED a. (First) <u>Samuel</u> b. (Middle) <u>Louis</u> c. (Last) <u>Keen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-1953</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>2-22-1893</u>	9. AGE (In years last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming-stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Louis Keen</u>		13b. MOTHER'S MAIDEN NAME <u>Jamima Harlan</u>	14. NAME OF HUSBAND OR WIFE <u>Nell Keen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nell Keen, Cassville, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>w. metastases Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201H</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>July 9, 1953</u> , to <u>Aug 25, 1953</u> , that I last saw the deceased alive on <u>July 6, 1953</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Arthur A. Michael, M.D.</u>			23b. ADDRESS <u>Cassville, Mo.</u>	23c. DATE SIGNED <u>9-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-8-1953</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul D. Hubert, Cassville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul D. Neubert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.