

FILED JAN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2059

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe CITY</u> 0690	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>301 E. Summer St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth H. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) _____ c. (Last) <u>KENEIPP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1954</u>	
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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>March 7, 1902</u>	9. AGE (In years last birthday) Months Days <u>51 10 4</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Punch Press opr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ice casting</u>		11. BIRTHPLACE (State or foreign country) <u>St Francisville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Keneipp</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Craig</u>	14. NAME OF HUSBAND OR WIFE <u>Delores J. Keneipp</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>319-07-1544</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Delores J. Keneipp</u>	ADDRESS <u>Monroe, Mo</u>
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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, ashenia, 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>Pulmonary Embolism</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u>		<u>5 yrs</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Embolism in left hemisphere</u>		<u>2 wks.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-5-49, 19  , to 1-11-54, 19  , that I last saw the deceased alive on 1-11-54, 19  , and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Green</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	23c. DATE SIGNED <u>1-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lick Creek Cemetery, Perry, MO</u>	24d. LOCATION (City, town, or county) (State) <u>Perry, MO</u>
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DATE REC'D BY LOCAL REG. <u>1/12/54</u>	REGISTRAR'S SIGNATURE <u>W. M. Lucke, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson &amp; Sons</u>	ADDRESS <u>Monroe City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 13 1954

MARION CO. HEALTH DEPT.

DATE FILED

JAN 13 1954

JAN 12 1962

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Lester L. Wray

Licensed Embalmer No.

3014

P. O. Address

Monroe 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.