

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19910

BIRTH NO. 37654-54 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Deerfield County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Leasburg, Mo.</u>	d. STREET ADDRESS (If rural, give location) <u>Box 16, Forest Hill Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shepley Co. Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>YVONNE</u> b. (Middle) <u>Elaine</u> c. (Last) <u>KEOGH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>6-28-1954</u>	9. AGE (In years last birthday) <u>—</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 6 HRS. Hours <u>—</u> Min. <u>46</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Deerfield Co. Mo. Hosp.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK M. KEOGH</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy JEAN KELLEY</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank KEOGH, Leasburg Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 min.</u>
	ANTECEDENT CAUSES  DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

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)	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) (Min.)	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 June 28, 1954, to June 28, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Elders, M.D.</u>	23b. ADDRESS <u>Rolla Mo.</u>	23c. DATE SIGNED <u>6/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Leasburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 6, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shank</u>	ADDRESS <u>Rolla Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number \_\_\_\_\_  
Date Filed JUL 12 1954

**STATEMENT BY LICENSED EMBALMER**

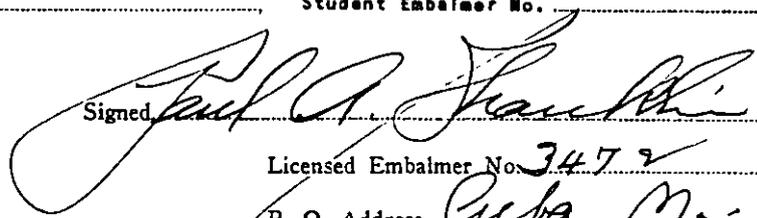
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Puebla, 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.