

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. **29979**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **268**

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>324 Dk</b>		e. STREET ADDRESS (If rural, give location) <b>1907 Broadway 331 1/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 1</b>			

3. NAME OF DECEASED a. (First) <b>Charles</b> b. (Middle) <b>A-</b> c. (Last) <b>KEENER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 18 1954</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-24-1893</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DR</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond-Mo</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>DR</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>H F Keener</b>	13b. MOTHER'S MAIDEN NAME <b>Lucile Large</b>	14. NAME OF HUSBAND OR WIFE <b>DR</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>DR</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Charles Barnard DesMoine</b>	ADDRESS <b>DesMoine</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>40-12 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General atherosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **June 1954** to **9-17, 1954**, that I last saw the deceased alive on **9-17, 1954**, and that death occurred at **11 p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J Jarecki</b> (Degree or title) <b>0</b>	23b. ADDRESS <b>State Hosp. Fulton Mo</b>	23c. DATE SIGNED <b>9-18-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 21-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hullcrest cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 19-1954</b>	REGISTRAR'S SIGNATURE <b>Margaret Lawrence</b>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallace Funeral Home</b>	ADDRESS <b>Fulton, Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *272*

P. O. Address *Fulton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.