

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

**34470**

State File No. ....

No. 300  
10-48

**FILED OCT 20 1954**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5641</u>		Registrar's No. <u>73</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Lafayette Rural Dover tow</u>		c. LENGTH OF STAY (In this place) <u>29 year</u>		c. CITY OR TOWN <u>rual DoverTwn</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi north of Dover Mo.</u>				f. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. North of Dover Mo.</u>				0540 D	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u>			b. (Middle) <u>Luther</u>			c. (Last) <u>Kee</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4 1954</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Sept 20 1885</u>		9. AGE (In years last birthday) <u>69</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work or profession, if any, during working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Carpenter</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Scott, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Calvin Kee</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Bivinn</u>			14. NAME OF HUSBAND OR WIFE <u>Morilla Kee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Iva Thee</u>		ADDRESS <u>Dover 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Trenchard Pneumonia Hypostatic</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pneumonia of lungs with metastatic abscesses of shoulder &amp; neck</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hr</u>  <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		163 X	
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 <u>Jan 15, 1944</u> to <u>Oct 4, 1954</u> , that I last saw the deceased alive on <u>Oct 4, 1954</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Clayton St. Landrum</u>		23c. DATE SIGNED <u>10/17/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dover Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct 6-1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Concordia, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0540

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.....  
Signature of Student Embalmer

Signed *E. S. Johnson*.....

Licensed Embalmer No. *205*.....

P. O. Address *Camden*.....

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.