

FILED DEC 13 1954

STANDARD CERTIFICATE OF DEATH

38259

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>1 hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>604 W. Jefferson</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sedalia Hosp. #2</u>				d. STREET ADDRESS (If rural, give location) <u>604 W. Jefferson</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wille</u>			b. (Middle)		c. (Last) <u>McKeever</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 24, 1893</u>		9. AGE (In years last birthday) <u>61 yrs.</u> If under 1 year: Months _____ Days _____ Hours _____ Min. _____			
10a. USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) <u>Porter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Collinsville, Ala.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas McKeever</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Reese</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Lemer McKeever</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>420-01-2543</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lemer McKeever - Sedalia, Mo.</u>					ADDRESS		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation & fibrillation</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Myocarditis & Coronary Artery Disease</u>				2 yrs			
				DUE TO (c) <u>Arteriosclerosis & Gastric Ulcer</u>				Some yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Bleeding gastric ulcer</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>12-6-54</u> to <u>12-8-54</u> , 19 <u>54</u> that I last saw the deceased alive on <u>12-6-54</u> , 19 <u>54</u> and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>A. G. Campbell M.D.</u>					23b. ADDRESS <u>Sedalia, Mo.</u>			23c. DATE SIGNED <u>12-8-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>					
DATE REC'D BY LOCAL REG <u>12-8-54</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold D. ...</u>		ADDRESS <u>403 W. ...</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

DEC 24

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Eric Alford

Signed.....

Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.