

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18090

State File No. ....

Registrar's No. 183

FILED JUN 20 1955

REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>183</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Jefferson City.</u>		c. LENGTH OF STAY (in this place) <u>4 wks</u>		c. CITY OR TOWN <u>Vienna,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0630,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u>			b. (Middle) <u>Clinton</u>		c. (Last) <u>McKeever</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1955.</u>
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>Apr. 23, 1900.</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Vienna, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William McKeever</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Irene McKeever</u>		
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene McKeever, Vienna, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of Ventricular Wall</u> DUE TO (c) <u>old Myocardial infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Jeff. City - Mo</u>			
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>1947</u> to <u>June 15, 1955</u> , that I last saw the deceased alive on <u>June 15, 1955</u> and that death occurred at <u>9:15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. Osaman MD</u>				23b. ADDRESS <u>Jeff. City - Mo</u>		23c. DATE SIGNED <u>6-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/18/55</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Visitation Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 17-1955</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - JR</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M.C. Birmingham</u>		ADDRESS <u>Vienna, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

JUN 27 1958

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.....  
*McPinnick*

Licensed Embalmer No. 360

P. O. Address.....  
*Curran*

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.