

FILED AUG 19 1955 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

28663

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Kelso Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Kelso Twp</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 E. OF ILLMO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home 3 1/2 E OF ILLMO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>McKINLEY</u> c. (Last) <u>KEESE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 6, 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>AUG 29, 1899</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		IF UNDER 1 HR. Min.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deck of wood</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Scott County, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George W. Keese</u>		13b. MOTHER'S MAIDEN NAME <u>Ambie Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. Kridemann Keese</u>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>706-09-9018</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Keese Rt 1 Illmo, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>left supra-clavicular adeno-carcinoma</u> ANTECEDENT CAUSES <u>adeno-carcinoma</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>primary site of origin not determined.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>	
---	--	---	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)	
--	--	--	--	---	--

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?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Feb 21, 1955, to Aug 5, 1955, that I last saw the deceased alive on Aug 5, 1955, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred W. Martin</u>		23b. ADDRESS <u>P.O. Box 16, Illmo, Mo</u>		23c. DATE SIGNED <u>Aug 8, 1955</u>	
--	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>	
---	--	-------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>8-9-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Paul Bepler</u>		446-25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wingling Hoff Funeral Home Illmo, Mo</u>	
--	--	--	--	---	--

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

DATE RECEIVED AUG 15 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 355-168

AUG 26 1955

AUG 19 1955

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.

Signed _____

Oliver P. Amis

Signed _____
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.