

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36668

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Clinton c. LENGTH OF STAY (in this place) 15 days d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair c. CITY OR TOWN Collins d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Keck		4. DATE OF DEATH (Month) (Day) (Year) Nov; 28, 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct; 12, 1885		9. AGE (in years last birthday) 70		10. IF UNDER 1 YEAR: Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road		11b. KIND OF BUSINESS OR INDUSTRY Laborer		12. BIRTHPLACE (City and State or Foreign Country) Lebanon Missouri		13. CITIZEN OF WHAT COUNTRY? USA	
14a. FATHER'S NAME John Keck		14b. MOTHER'S MAIDEN NAME Anna Kurnett		14c. NAME OF HUSBAND OR WIFE Grace E. Keck		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 499-14-5902		17. INFORMANT'S SIGNATURE OR NAME Grace E. Keck Collins Missouri		18. ADDRESS		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical Shock ANTECEDENT CAUSES Transurethral resection Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic hypertrophy DUE TO (c) 610X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION 11-28-55		19b. MAJOR FINDINGS OF OPERATION prostatic hypertrophy				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 11-15-55, to 11-28-55, 1955, that I last saw the deceased alive on 11-28, 1955 and that death occurred at 11:45 p.m., from the causes and on the date stated above.		23a. SIGNATURE [Signature] (Degree or title) Dr.	
23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 11-29-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-1-55	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) Sedalia		24e. (State) Mo		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Goodrich Funeral Home, Osceola Mo	
DATE REC'D BY LOCAL REG. 12-1-55		REGISTRAR'S SIGNATURE [Signature]		521		(Licensed Embalmer's Statement on Reverse Side)	

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

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 J. B. Goodrich.....

Licensed Embalmer No. 3038

P. O. Address Peoria.....

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.