

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39316**

FILED DEC 13 1955

BIRTH NO. _____ REG. DIST. NO. **117** PRIMARY REG. DIST. NO. **190** Registrar's No. **2757**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		c. CITY OR TOWN Florissant d. In 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 Route #2, Box 176		e. STREET ADDRESS (If rural, give location) Route #2, Box 176	

3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) MORTON c. (Last) McKEAN			4. DATE OF DEATH (Month) (Day) (Year) 11 23 55		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 11-3-1904		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Portland Cem.		11. BIRTHPLACE (City and State or Foreign Country) Fletcher, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Thomas McKean		13b. MOTHER'S MAIDEN NAME (unk) Edsell		14. NAME OF HUSBAND OR WIFE Grace McKean	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-10-4482		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace McKean, R. #2, Florissant, Mo.	

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) Crownary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 5 yrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4201	
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 **1945**, 19 **Jan 23**, 19 **55**, that I last saw the deceased alive on **Oct 17**, 19 **55**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Morris - M.D.		23b. ADDRESS 8-209 - 9 - Broadway		23c. DATE SIGNED 11/25/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-26-1955		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
		24d. LOCATION (City, town, or county) (State) DeSoto Missouri			

DATE REC'D BY LOCAL REG. 11-25-55		REGISTRAR'S SIGNATURE Richard R. Lamborn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H., Inc., 2301 Lafayette	
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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.....

L. R. Cooper

Licensed Embalmer No..... 316

2391 Lafayette
P. O. Address.....

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.