

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40007

FILED DEC 30 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give town) Cameron		c. CITY OR TOWN Rural Monroe Twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 20 Days		STREET ADDRESS (If rural, give location) 7 Miles South Gallatin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Eva	b. (Middle) Keck	c. (Last) Henry	4. DATE OF DEATH (Month) (Day) (Year) December 10 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 21 1876
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Missouri
13a. FATHER'S NAME John A. Keck		13b. MOTHER'S MAIDEN NAME Susan Diestelhorst	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles E. Henry, Gallatin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES		DUE TO (b) chronic myocarditis 10 years	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Generalized arteriosclerosis 15 years	
II. OTHER SIGNIFICANT CONDITIONS		Diabetes mellitus 5 years	
* Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221		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) (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 11-21 , 19 55 , to 12-10 , 19 55 , that I last saw the deceased alive on 12-10 , 19 55 , and that death occurred at 1:30P m., from the causes and on the date stated above.			
23a. SIGNATURE J. F. Netherton		23b. ADDRESS Cameron Mo	23c. DATE SIGNED 12-13-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-12-1955	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Missouri
DATE REC'D BY LOCAL REG. 12-21-55	REGISTRAR'S SIGNATURE W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE L. O. ... ADDRESS Hope Funeral Home, Gallatin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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MAY 22 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.....
L. O. Anderson

Licensed Embalmer No. *33*

P. O. Address *Gallatin*

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.