

STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1956

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4432 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Sh. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Sh. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City 2 day</u>	c. LENGTH OF STAY (In this place) <u>2 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELIOTT Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>092nd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vula Belle</u> b. (Middle) <u>Keen</u> c. (Last) <u>Keen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13-56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb 21-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>75 11 22</u>
11. BIRTHPLACE (State or foreign country) <u>Bates Co. Deepwater Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Gilmore</u>	13b. MOTHER'S MAIDEN NAME <u>Cornelia Leomis</u>	14. NAME OF HUSBAND OR WIFE <u>None</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. <u>307-14-7571a</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Gilmore</u>
		ADDRESS <u>Appleton City 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peripheral vascular collapse (shock)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Peritonitis</u>			<u>24 hrs</u>
	DUE TO (c) <u>unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>576x</u>	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)	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 Feb, 1956, to 13 Feb, 1956, that I last saw the deceased alive on 13 Feb, 1956, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Shickman MD.</u>	(Degree or title) <u>MD.</u>	23b. ADDRESS <u>Appleton City, Mo.</u>	23c. DATE SIGNED <u>Feb 14 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb. 15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rayford</u>	24d. LOCATION (City, town, or county) (State) <u>Spauce, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 15, 1956</u>	REGISTRAR'S SIGNATURE <u>Chas. Abney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Eckhoff</u>	ADDRESS <u>Appleton City Mo</u>

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

FEB 26 1956

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
Student Embalmer

Signed Dean Eckhoff

Licensed Embalmer No. 3742

P. O. Address Appleton City

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