

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16848**BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <u>MO</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSoto</u>		c. CITY OR TOWN <u>RURAL-CENTRAL</u>	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) <u>2 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 2 - Hillsboro</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 E. CLEMENT</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLIVER</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>KEEFE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18-1956</u>
-------------------------------------	--------------------------	---------------------------	------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-23-1912</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
-----------------	---------------------------	--	-----------------------------------	---	----------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR Helper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ry. Shops</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Cornelius D. Keefe</u>	13b. MOTHER'S MAIDEN NAME <u>Alice V. Pounds</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>Yes WW2</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Keefe</u>	ADDRESS <u>DeSoto, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION -- DIRECTLY LEADING TO DEATH* (a) <u>Coronary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic alcoholism</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
--	--	---

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 19 to 19, that I last saw the deceased alive on May 17, 1956, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. E. Owen, D.O.</u>	23b. ADDRESS <u>DeSoto, Mo.</u>	23c. DATE SIGNED <u>5/18/56</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODAWN</u>	24d. LOCATION (City, town, or county) (State) <u>DeSoto, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5-18-56</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. See Mathershead</u>	ADDRESS <u>DeSoto, Mo.</u>
---	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 21 1958

MAY 23 1958

SEP 25 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..... *Andrew H. English*

Licensed Embalmer No. *479*

P. O. Address *De Soto*

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.