

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20862

FILED JUL 5 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prarie Lee Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner</u>	
c. LENGTH OF STAY (In this place) <u>10 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1000 City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Jackson County Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>Frances</u> c. (Last) <u>Keeran</u>			1. DATE OF DEATH (Month) (Day) (Year) <u>6 20 56</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-22-1880</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oak Grove, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Robert Meek</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Oldham</u>		14. NAME OF HUSBAND OR WIFE <u>James E. Keeran</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Keeran Buckner 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		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) <u>4201</u>	
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 1-20, 1956 to 6-19, 1956, that I last saw the deceased alive on 6-19, 1956, and that death occurred at 3 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Nell W. Wilkins MD</u> (Degree or title)		23b. ADDRESS <u>Oak Grove</u>		23c. DATE SIGNED <u>6-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sibley</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sibley Mo</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>6-23-1956 N. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home Blue Springs Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 9 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed *P. B. Webb*

Licensed Embalmer No. 2303

P. O. Address *Blue Spring Mo*

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.