

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27938

State File No.

FILED AUG 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>218</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Moberly</u>		d. Is 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 <u>319 No Williams</u>				e. STREET ADDRESS (If rural, give location) <u>319 No Williams 08850</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loretta</u>		b. (Middle) <u>H</u>		c. (Last) <u>Keating</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5-1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>March 1-1881</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____		IF UNDER 4 HRS. Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk Rtd</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck line</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>	
13a. FATHER'S NAME <u>John C. Keating</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Consoline</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-07-2194A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edw. L. Keating</u>		ADDRESS <u>Moberly</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>Infirmities following fractured left hip and operation Sept. 11/1954.</u> ANTECEDENT CAUSES DUE TO (b) <u>obesity, and varicosities both lower legs,</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>many months</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sept. 11/54</u>	
19a. DATE OF OPERATION <u>Sept. 11/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>lower legs, 96 2 x 45</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, store, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly 12 Randolph MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 11/1954 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>slipped on kitchen floor.</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 11/54</u> , to <u>Aug. 5/56</u> , that I last saw the deceased alive on <u>July 17/56</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. H. Hoke, MD</u>				23b. ADDRESS <u>Moberly, MO</u>		23c. DATE SIGNED <u>Aug. 7/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, MO</u>	
DATE REC'D BY LOCAL REG. <u>8/8/56</u>		REGISTRAR'S SIGNATURE <u>Leah Loue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>		ADDRESS <u>Moberly, MO</u>	

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

269-0

MS JUL 1 - 1959

MS APR 12 1960

MS DEC 16 1960

MS FEB 3 1960

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 *Raymond G. Stoen*
Licensed Embalmer No. 426

P. O. Address *Moberly, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.