

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21751  
STATE FILE NUMBER

FILED OCT 2 1956

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 257

Death, cause, or manner of death must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>East St. Louis 8128</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>M. Combs Hospital H. Wells</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>6795 Watts</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>RAYMOND</u> Last <u>M<sup>c</sup>KEOWN</u>				4. DATE OF DEATH Month <u>Sept</u> - Day <u>15</u> - Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. - 1 - 1912</u>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Supervisor</u>				10. KIND OF BUSINESS OR INDUSTRY <u>Commonwealth Ins. Co.</u>		9. AGE (In years last birthday) <u>43</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Illinois</u>	
13. FATHER'S NAME <u>Robert Raymond M<sup>c</sup>Keown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</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>496-18-9740</u>		17. INFORMANT Address <u>Mrs. Helen M<sup>c</sup>Keown East St. Louis 28.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sepsis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Generalized Purulent Peritonitis</u> <u>18 hrs</u>	
						DUE TO (c) <u>Perforated small intestine</u> <u>36 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>10-3-56</u> a. m. <u>10</u> p. m. <u>3</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug. 19, 1956</u> to <u>Sept 15, 1956</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Sept 15, 1956</u> Death occurred at <u>11:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Louis A. Jolly D.O.</u>				22b. ADDRESS <u>203 1/2 N. Clark Moberly Mo</u>		22c. DATE SIGNED <u>9-17-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Sept 16-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home</u> ADDRESS <u>Moberly Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9/18/56</u>		26. REGISTRAR'S SIGNATURE <u>C. E. ...</u>		

NOV 8 1953

JUL 4 1953

NOV 8 1953

**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.....  
*R. M. Carter*

Licensed Embalmer No. *41*

P. O. Address *Moberly*

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.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER 21751  
Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 257

Items #1, 14, amended by affidavit of wife of deceased verified by No state of Missouri  
PC 86899-12  
10-3-56  
MEDICAL CERTIFICATION  
10-3-56  
Case by aff of mother

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>East St. Louis 812</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McComb's Hospital</u> Length of stay in 1b <u>4 Weeks</u>		d. STREET ADDRESS (If outside, give location) <u>6795 Watts</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>RAYMOND</u> Last <u>M<sup>c</sup>KEOWN</u>			4. DATE OF DEATH <u>Sept-15-1956</u> Month <u>Sept</u> Day <u>15</u> Year <u>1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov-1-1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commonwealth Ins. Co.</u>	9. AGE (In years last birthday) <u>43</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>4</u> IF UNDER 24 HRS.: Hours <u>4</u> Min. <u>3</u>
11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert Raymond M<sup>c</sup>Keown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown - Preston</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>496-18-9740</u>	
17. INFORMANT <u>Mrs. Helen M<sup>c</sup>Keown</u>		Address <u>East St. Louis 28th</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sepsis</u> DUE TO (b) <u>Generalized Bacterial Peritonitis</u> DUE TO (c) <u>Perforated small intestine</u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>18 hrs</u> <u>36 hrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY: Hour, Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug. 19, 1956</u> to <u>Sept 15, 1956</u> and last saw <u>her</u> alive on <u>Sept 15, 1956</u> Death occurred at <u>11:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Luigi A. Galby MD</u> (Degree or title)		22b. ADDRESS <u>207 1/2 N. Clark Moberly Mo</u>	
22c. DATE SIGNED <u>9-17-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 18-1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home</u> ADDRESS <u>Moberly Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9/18/56</u>	
26. REGISTRAR'S SIGNATURE <u>Robert L. ...</u>			

(If Inquest Embalmer's Statement on Reverse Side)