

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31844

FILED SEP 25 1956

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6070 Registrar's No. 328

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I, 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 St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY City St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington RR#1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Aera Osteopathic Hosp.				Length of stay in 1b 20 days		d. STREET ADDRESS (If outside, give location) 3919 McCausland	
3. NAME OF DECEASED (Type or print) First EUGENE Middle HOWARD Last McKEEHAN				4. DATE OF DEATH Month Sept. Day 17 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 6, 1892		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 0 Days 11 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Display Director			10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and state or country) Waco, Texas		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Charles McKeehan				14. MOTHER'S MAIDEN NAME Jennie Maltman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 495-05-1508		17. INFORMANT Mrs. Dorothy McKeehan Address 3919 McCausland St. Louis, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis (Increased cranial pressure) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 10 hrs	
						19 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertension						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 8-29-56 to 9-17-56 and last saw him alive on 9-17-56 Death occurred at 1:47 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. A. Mendigata, D. O.				22b. ADDRESS Bismarck, Mo.		22c. DATE SIGNED 9-17-56	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE Sept. 18, 1956	23c. NAME OF CEMETERY OR CREMATORY Masonic		23d. LOCATION (City, town, or county) (State) Bismarck, Missouri		
24. FUNERAL DIRECTOR John N. Shipman & Sons ADDRESS Bismarck, Mo.				25. DATE RECD. BY LOCAL REG. Sept. 17, 1956		26. REGISTRAR'S SIGNATURE Ether Rudloff	

89-0

SEP 9 6 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.....
Signature of Student Embalmer

Signed *John H. Shipman*.....
Licensed Embalmer No. 4881

P. O. Address Bismarck, 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.