No. 300
10.48

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8212

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5431 Registrar's No. 603

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Prairie
c. LENGTH OF STAY (in this place) Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Zone Bell. R#1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Franklin
c. CITY OR TOWN Rural-03600
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Zone Bell. R#1.

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) M c. (Last) Keen
4. DATE OF DEATH (Month) (Day) (Year) 3-22-1957
5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 7-29-1914
9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months 8 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and State or Foreign Country) Zone Bell - Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jess Keen
13b. MOTHER'S MAIDEN NAME Sarah Woodcock
14. NAME OF HUSBAND OR WIFE ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martin Woodcock. Zone Bell

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) General Arteriosclerosis. 2 yrs.

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 4201
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6-, 1957, *to* 3-22-, 1957, *that I last saw the deceased alive on* 3-6-, 1957, *and that death occurred at* 4- *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. W. E. Kitchell. M.D.
23b. ADDRESS St. Clair Mo
23c. DATE SIGNED 3/23.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-24-57
24c. NAME OF CEMETERY OR CREMATORY Woodcock Cemetery
24d. LOCATION (City, town, or county) (State) Franklin Co. Mo

DATE REC'D BY LOCAL REG. 3-25-57
REGISTRAR'S SIGNATURE Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE Sherman W. Kitchell ADDRESS St. Clair, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

110

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Sherwood W. Kitchell

Licensed Embalmer No. 387

P. O. Address St. Clair,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.