

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

12903

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 446

Health,
Welfare
Public
Services300
1-56All
symptoms will be listed.

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USING ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

521
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1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN La Due Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton Can. Hosp.		Length of stay in lb 3da.	d. STREET ADDRESS (If outside, give location) 2428 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Louis Last McKeeagg			4. DATE OF DEATH Month April Day 18 Year 1957
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. 25, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Sec. Foreman		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 6 Days 23 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Lawrence Co. Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert L. McKeeagg		14. MOTHER'S MAIDEN NAME Alfurna Mae Swindler	
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. 703-05-4749	17. INFORMANT James L. McKeeagg Jr. La Due, Mo. Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerotic gangrene right foot DUE TO (c) None PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) None			INTERVAL BETWEEN ONSET AND DEATH 2 days one month
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 Dec 25 to 4-18-57 and last saw him/her alive on 4-18-57 Death occurred at 9:23 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S.B. Hughes, M.D.		22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 4-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery	23d. LOCATION (City, town, or county) (State) Montrose, Mo. Rural
24. FUNERAL DIRECTOR ADDRESS W. J. Sauer, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 4-19-57	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1957

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 *W. J. Tarsant*.....

Licensed Embalmer No. *3779*

P. O. Address *Clinton,*

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.