

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23868
STATE FILE NUMBERRegistration District No. 68 Primary Registration District No. 4107 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>El Dorado Spgs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>El Dorado Spgs</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chamber Hospital</u>		Length of stay in lb <u>22 days</u>	d. STREET ADDRESS <u>511 So main st</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lattie</u> Middle <u>McKeown</u> Last <u>McKeown</u>			4. DATE OF DEATH Month <u>7</u> Day <u>11</u> Year <u>57</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 12, 1895</u>
9. AGE (In years) Months <u>6</u> Days <u>39</u>		9. AGE (In years) Months <u>6</u> Days <u>39</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Cedar Co.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Ernest Alberto</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Mayes</u>
14. NAME OF HUSBAND OR WIFE <u>James McKeown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>332X</u>
17. INFORMANT <u>Arnette Benkin El Dorado Spgs</u>		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) <u>Cerebral encephalomalacia</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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>Oct. 1956</u> to <u>7-11-57</u> and last saw her ^{her} alive on <u>7-11-57</u> Death occurred at <u>4:00</u> p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert L. Mager M.D.</u>		(Degree or title)	22b. ADDRESS <u>El Dorado Springs, Mo.</u>
22c. DATE SIGNED <u>7-12-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-14-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Moore Cem</u>	23d. LOCATION (City, town, county) (State) <u>Cedar Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Arnette Benkin El Dorado Spgs</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-13-57</u>
26. REGISTRAR'S SIGNATURE <u>George W. Mager</u>			

(Licensed Expositor's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All entries in Part I must be causally related.

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 *Hyde E. Custer*

Licensed Embalmer No. *4419*

P. O. Address *.....*

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.