

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006283
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lexington</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>Lex. Mem. Hospital</u>			Length of stay in lb <u>4da.</u>	d. STREET ADDRESS <u>239 N. 16th. St.</u>			(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WINNIE</u> Middle <u>VERNON</u> Last <u>WILLYARD</u>				4. DATE OF DEATH Month <u>February</u> Day <u>9</u> Year <u>1958</u>				
5. SEX <u>Female</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>January 30 1891</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done <u>Housewife</u> even if retired) <u>Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking & Education</u>		11. BIRTHPLACE (City and state or country) <u>Vernon County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>James Herd Keeney</u>				14. MOTHER'S MAIDEN NAME <u>Theresa Hill</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-26-2477</u>		17. INFORMANT <u>C.J. Willyard</u> Address <u>Lexington, Mo.</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>acute myocardial infarction</u> <u>coronary atherosclerosis</u> <u>congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 weeks</u>	
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. _____								
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>Jan 23 1958</u> to <u>February 9, 1958</u> last saw her alive on <u>Feb 8 1958</u> Death occurred at <u>1:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Declarer or title) <u>Ralph Willyard</u>				22b. ADDRESS <u>M.D. Lexington Mo.</u>		22c. DATE SIGNED <u>2-18-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Schell City Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Schell City Mo.</u>			
24. FUNERAL DIRECTOR <u>Crunk-Walker, Fun'l home</u>			25. DATE RECD. BY LOCAL REG. <u>2-20-58</u>		26. REGISTRAR'S SIGNATURE <u>Marion E. Sustabed</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harold L. Walker*

Licensed Embalmer No. *45*

P. O. Address *Lexington*

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.