

Health,
Welfare
Public
Service,

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

58-011845

STATE FILE NUMBER

2627

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sparta		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Length of stay in lb 18 days	d. STREET ADDRESS 32		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle B. Last Keene			4. DATE OF DEATH March 3, 1958 Month March Day 3 Year 1958			
5. SEX D 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 May 10, 1891	9. AGE (In years last birthday) 66 F UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY coal miner	11. BIRTHPLACE (City and state or country) Perry County, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Howard Keene		13b. MOTHER'S MAIDEN NAME Frances Taylor		14. NAME OF HUSBAND OR WIFE Mae Keene		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 356-01-9046	17. INFORMANT Mae Keene		Address Sparta, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG WITH METAS- TASES DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial Asthma 163x					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 <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 Feb 15, 1958 to MAR. 3, 1958 and last saw her alive on MAR. 3, 1958 Death occurred at 6:45 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Herbert C. Smith M.D. (Degree or title)			22b. ADDRESS 508 N Grand St Louis Mo		22c. DATE SIGNED 3-4-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 3-4-1958	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Sparta, Illinois	
24. FUNERAL DIRECTOR Walker		ADDRESS Sparta, Illinois.		25. DATE RECD. BY LOCAL REG. MAR 4 '58	26. REGISTRAR'S SIGNATURE Paul Smith M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature. All diseases 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 *Harvey Koble*

Licensed Embalmer No. *4596*

P. O. Address *Flouissant, M.*

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