

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017703
State File No.

FILED JUN. 4 1958. BIRTH NO. REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 5374 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give town) Osborne 2 mi. N.E.		c. LENGTH OF STAY (If this place) 2 Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		c. CITY OR TOWN Osborne d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Edward		e. STREET ADDRESS (If rural, give location) 2 Mi., N.E.	
a. (First) E.		b. (Middle) Keener	
c. (Last) Keener		4. DATE OF DEATH (Month) 5 (Day) 18 (Year) 58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-2-1900
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 57 IF UNDER 4 WKS. Days 57 Hours 57 Min. 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Willis Keener		13b. MOTHER'S MAIDEN NAME Mary Chapman	
14. NAME OF HUSBAND OR WIFE Grace Keener			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-12-3084	
17. INFORMANT'S SIGNATURE OR NAME Grace Keener Osborne Mo		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound		INTERVAL BETWEEN ONSET AND DEATH Instant	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
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	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		976 X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) Osborne (COUNTY) DeKalb (STATE) Mo			
21d. TIME OF INJURY (Month) 5 (Day) 18 (Year) 58 (Hour) 5A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Self Inflicted			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE John W. Brown (Degree or title) 3		23b. ADDRESS Maysville Mo,	
23c. DATE SIGNED 5-19-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-21-58	
24c. NAME OF CEMETERY OR CREMATORY Wright		24d. LOCATION (City, town, or county) (State) Billings Mo, Rt. 1.	
DATE REC'D BY LOCAL REG. 6-30-58		REGISTRAR'S SIGNATURE Robert Anderson	
25. FUNERAL DIRECTOR'S SIGNATURE John W. Brown		ADDRESS Maysville Mo	

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

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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 *John Brown*.....
Licensed Embalmer No. *393*.....
P. O. Address *Massville*.....

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.