

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019314

STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 36

300  
1-57

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unionville 0860
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb II Years	d. STREET ADDRESS (If outside, give location) I322 Grant
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Everett A. Keene			4. DATE OF DEATH Month Day Year May 17 1958		
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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. 19 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner Retired	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Putnam County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME A. F. Keene	13b. MOTHER'S MAIDEN NAME Jane Means	14. NAME OF HUSBAND OR WIFE Bertha R. Keene
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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. 490-34-8862	17. INFORMANT Mrs Bertha R. Keene Unionville, Mo.	Address I322 Grant
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Thrombotic poisoning</i> <i>arteriosclerosis - hypertension</i> <i>fractures - cerebral embolism 2 years</i>		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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) <i>Senility</i>		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.) <i>610X</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Death occurred at <i>May 15 8:00 P.M.</i> to <i>May 17 58</i> and last saw him alive on <i>May 17 58</i> m on the days stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Chas L. Gidd</i> (Degree or title)	22b. ADDRESS <i>Unionville Mo</i>	22c. DATE SIGNED 5-19-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 19 1958	23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	23d. LOCATION (City, town, or county) (State) Unionville, Missouri
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24. FUNERAL DIRECTOR Comstock Funeral Home BY <i>J. W. Comstock</i>	ADDRESS Unionville, Mo.	25. DATE RECD. BY LOCAL REG. 5-23-58	26. REGISTRAR'S SIGNATURE <i>Marcell Durbin</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *James W Comstock* .....

Licensed Embalmer No. *4197* .....  
P. O. Address *Unionville, W* .....

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.