

FILED OCT 7 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032280  
State File No. 682 (682)

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 682 (682)

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Franklin</i>	
b. CITY OR TOWN <i>Rural Central</i>	c. LENGTH OF STAY (in this place) <i>years</i>	c. CITY OR TOWN <i>Rural</i> <i>0360</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Clair R #1</i>		STREET ADDRESS (If rural, give location) <i>St. Clair Mo. R #1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Alexander</i> b. (Middle) <i>Keen</i> c. (Last) <i>Keen</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-1-58</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>Nov. 22, 1875</i>	9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Days <i>11</i> IF UNDER 1 HRS. Hours <i>21</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>General labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Labor</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Franklin, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					

13a. FATHER'S NAME <i>Plato Keen</i>	13b. MOTHER'S MAIDEN NAME <i>Rogers Keen</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>none</i>	16. SOCIAL SECURITY NO. <i>498-12-7612</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Plato S. Keen</i>	ADDRESS <i>1450 Monroe St. Louis</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>		<i>3 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Respiratory Influenza</i>		<i>3 days</i>
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *9-28-58*, 1958, to *10-1-58*, 1958, that I last saw the deceased alive on *9-28-58*, 1958, and that death occurred at *2-4- m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. W. S. Mitchell M.D.</i>	23b. ADDRESS <i>St. Clair Mo</i>	23c. DATE SIGNED <i>10/2/58</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct. 3, 1958</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Prospecty Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Lone dell, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>10/2/58</i>	REGISTRAR'S SIGNATURE <i>Charley Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sherwood W. Kitchell</i>	ADDRESS <i>St. Clair, Mo.</i>
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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..... *Sherwood W. Mitchell*

Licensed Embalmer No... *387*

P. O. Address... *St Clair*

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.