

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034970

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2465

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>KIRK WOOD</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>HILLSBORO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>ST. JOSEPHS Hosp D.O.A.</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm <u>_____</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES SAMUEL Mc KEEN</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 22, 1958</u>
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 11 1906</u>
9. AGE (In years last birthday) <u>52</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FENCING CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>HILLSBORO 0</u>
13. FATHER'S NAME <u>JAMES Mc KEEN</u>		14. MOTHER'S MAIDEN NAME <u>EMMA WOHL BOLD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>	17. INFORMANT Address <u>ARTHUR Mc KEEN HILLSBORO RT.</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>Coronary thrombosis, myocardial infarction</u> DUE TO (b) <u>arteriosclerotic heart disease, with angina pectoris</u> DUE TO (c) <u>arteriosclerosis of coronary arteries</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4800</u>			INTERVAL BETWEEN ONSET AND DEATH <u>? 30 minutes</u> <u>30 days</u> <u>Unknown</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 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
21. I attended the deceased from <u>Sept 8, 1958</u> to <u>Sept. 22</u> and last saw <u>her</u> alive on <u>Sept 18, 1958</u> Death occurred at <u>11 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>		22b. ADDRESS <u>Desoto, Mo</u>	22c. DATE SIGNED <u>9-23-58</u>
23a. FUNERAL CREMATION SERVICE <input checked="" type="checkbox"/>	23b. DATE <u>Sept. 25, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HILL 5300</u>	23d. LOCATION (City, town, or county) (State) <u>HILLSBORO Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>L. B. Dietrich Desoto Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert P. Donker M.D.</u>

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All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. *4710*

P. O. Address.....
[Handwritten Address]

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.