

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044692

STATE FILE NUMBER
49

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 49

FILED DEC 22 1958

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Central Twp.		c. CITY OR TOWN Central Twp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Hillsboro		d. STREET ADDRESS (If outside, give location) Rt. 1, Hillsboro	
Length of stay in lb 6 Yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William Arthur McKeen			4. DATE OF DEATH Month Day Year Dec. 12, 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 3, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator		10b. KIND OF BUSINESS OR INDUSTRY Public Serv. Co.		11. BIRTHPLACE (City and state or country) Jefferson Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME S. P. McKeen		13b. MOTHER'S MAIDEN NAME Lucinda Pounds		14. NAME OF HUSBAND OR WIFE Catherine Owen McKeen	
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. 493-10-9835A		17. INFORMANT Address Mrs. Wm. A. McKeen, Rt. 1, Hillsboro, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arterio-sclerotic cardiac vasculardisease		years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 checked="" type="checkbox"/> 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 Death occurred at July 7, 1955, to Dec 12, 58 and last saw him alive on NOV 21, 58 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) Wm. V. Hoffmeyer M.D.		22b. ADDRESS DeSoto, Mo.		22c. DATE SIGNED Dec 13, 58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/15/58		23c. NAME OF CEMETERY OR CREMATORY Sunset Park		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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24. FUNERAL DIRECTOR ADDRESS J. Lee Mothershead, DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. 12-15-58		26. REGISTRAR'S SIGNATURE Oleta P. ...	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 19 1959

FEB 27 1959

DEC 22 1958

JAN 20 1959

DEC 19 1958

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 *J. Lee Mathershead*

Licensed Embalmer No. *3531*

P. O. Address *De. late, ms*

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.