

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008718

STATE FILE NUMBER

Health,
Welfare
Public
Service

DECEASED MAR 23 1959

Registration District No. 69 Primary Registration District No. 5270 Registrar's No. 9

300
1-57

Doctor, coroner, etc.: must use only standard nomenclature of item 16. No symptoms with cause related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Twsp.		c. CITY OR TOWN Clever, Rt. #1	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 3 miles SE	
3. NAME OF DECEASED (Type or print) First BIRGIE Middle ELLEN Last KEENER		4. DATE OF DEATH Month March Day 2 Year 1959	
5. SEX Female	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 March 26, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY - -	11. BIRTHPLACE (City and state or country) Newburg, Missouri
13a. FATHER'S NAME Robert C. Bohannan		13b. MOTHER'S MAIDEN NAME Mary Ann Barnes	14. NAME OF HUSBAND OR WIFE Ira Keener
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. none	17. INFORMANT Address Ira Keener, Rt. #1, Clever, 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) Sepsis			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Erysipelas			
DUE TO (c) Streptococcus Infection			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 0530			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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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>8/11/58</u> , to <u>2/16/59</u> and last saw ^{her} him alive on <u>2/16/59</u> Death occurred at <u>6:05</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>David E. Sharp</i>		22b. ADDRESS Mt. Vernon, Missouri	22c. DATE SIGNED 3/4/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/5/1959	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	23d. LOCATION (City, town, or county) (State) Marionville, Missouri
24. FUNERAL DIRECTOR <i>Jean Harris</i>		25. DATE RECD. BY LOCAL REG. March 16, 1959	26. REGISTRAR'S SIGNATURE <i>Oline Hutter</i>

JUN 26 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. Sean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Mo.*

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.