Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009201
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 139 Primary Registration District No. Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Holt	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Hickory Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Oregon 0440 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in Ib 2 hours	d. STREET ADDRESS (If outside, give location) Lewis Township — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
GRANT	LLOYD	KEENEY	March	17,	1959

5. SEX	6. COLOR OR RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	August 8, 1928	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer		Oregon, Missouri	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Grant Keeney	Mary Louise Dick	None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
no		493-38-7595	Grant Keeney	Oregon, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CONCUSSION ON HEAD. — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 9121

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
☒	☐	☐	CLOTHING CAUGHT IN POWER-TAKE OFF ON TRACTOR. HEAD WAS THROWN AGAINT METAL ON MILL. 044

20c. TIME OF INJURY Hour	a.m. p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
8:45	a.m.	3-17-59		JOHN ART CALLOW FARM	4 MI N. OREGON,	HOLT	MO.

21. I attended the deceased from No, to — and last saw her/him alive on No

Death occurred at 8:45 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
H. E. Calkins, D.O. CORONER HOLT CO. 3	Oregon, Missouri	3/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	3/19/59	Oregon Cemetery	Oregon, Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE REC'D. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
James L. Pettyjohn	Oregon, Mo.	3/20/1959	James A. Crawford

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

APR 17 1959

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 H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon, 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.