

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013787  
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 71

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>            |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <b>Carthage</b> 0490<br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                            |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCune Brooks Hosp.</b>   |  | d. STREET ADDRESS (If outside, give location) <b>Route # 1</b><br>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Wilbert</b> Middle <b>E.</b> Last <b>Keener</b>              |                                  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>1</b> Year <b>1959</b>       |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 14, 1884</b>                                  | 9. AGE (In years last birthday)<br><b>74</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ret'd</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Jasper, Mo. Route # 1</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>                               |
| 13. FATHER'S NAME<br><b>Wilbert N. Keener</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Ann E. Cottingham</b>                       |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)<br><b>no</b>                              |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Mrs. Wilbert E. Keener Carthage # 1</b><br>Address     |  |   |

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| MEDICAL CERTIFICATION  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>        |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 yrs</b>   |
|  | Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ <b>4200</b>                                |   |   |  |  |
|  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>Hemorrhage of stomach due to ulcer</b> |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
|  | 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input type="checkbox"/>  | HOMICIDE <input checked="" type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) |  |
|  | 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <b>3-26-54</b> to <b>4-1-59</b> and last saw <sup>her</sup> him alive on <b>4-1-59</b><br>Death occurred at <b>5:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |   |  |  |
| 22a. SIGNATURE<br><b>M. Foster Whitten M. D.</b> (Degree or title)   |   |   | 22b. ADDRESS<br><b>Carthage, Mo.</b>          |  | 22c. DATE SIGNED<br><b>4-6-59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>4-3-59</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hackney Cemetery</b>                             |   | 23d. LOCATION (City, town, or county) (State)<br><b>Jasper Co., Missouri</b>                 |  |
| 24. FUNERAL DIRECTOR<br><b>Ulmer Funeral Home, Carthage, Mo.</b>   |   | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>4-6-59</b> | 26. REGISTRAR'S SIGNATURE<br><b>W. H. Clinton</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

APR 8 0 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 *[Handwritten Signature]* ..... Licensed Embalmer No. ....

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.