

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024442

FILED VS AUG 12 1959 *59*

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *133* STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CASS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CASS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYMORE		Length of stay in 1b 20 yrs.	c. CITY OR TOWN RAYMORE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi E of Raymore Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1/2 mi east of Raymore		
3. NAME OF DECEASED (Type or print) First RUTH Middle (None) Last KEEN			4. DATE OF DEATH Month 8 Day 5 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 6/13/1897.	9. AGE (last birthday) 62 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Moniteau County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME EARL C. GABRIEL		13b. MOTHER'S MAIDEN NAME PHOEBE J. ANDREWS		14. NAME OF HUSBAND OR WIFE S.L. KEEN		
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 S.L. KEEN SR. RAYMORE, 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) Abulsion of cerebral meningium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) from trauma DUE TO (c) Self inflicted shotgun shot					INTERVAL BETWEEN ONSET AND DEATH 0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Above			
20c. TIME OF INJURY 5:15 P.M.	Hour Month Day, Year 8/5/59					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Raymore	COUNTY Cass	STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) [Signature] M.D.			22b. ADDRESS Pleasant Hills		22c. DATE SIGNED 8/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/7/1959	23c. NAME OF CEMETERY OR CREMATORY RAYMORE	23d. LOCATION (City, town, or county) RAYMORE, MO.		
24. FUNERAL DIRECTOR E.K. GEORGE & SONS BELTON, MO.			25. DATE RECD. BY LOCAL REG. Aug-8-1959	26. REGISTRAR'S SIGNATURE Ms. Ray Debee		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beeton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con-
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.