

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025991

FILED VS AUG 4 1959 18

5784

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

DED

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN James Boyou Township		Length of stay in lb 30 min		c. CITY OR TOWN East Prairie, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8M.S.W. East Prairie, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Gen. Del. E. P. Mo.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle EUGENE Last KECK				4. DATE OF DEATH Month July Day 10 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-23-40	9. AGE (last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day work			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Jonesboro, Ark.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME William Elbert Keck			13b. MOTHER'S MAIDEN NAME Bertha McCullough			14. NAME OF HUSBAND OR WIFE none			
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. Unknown		17. INFORMANT Wm. E. Keck Grand Chain, Ill. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot Wound thru chest self inflicted								INTERVAL BETWEEN ONSET AND DEATH 5 Min	
DUE TO (b) _____						DUE TO (c) _____			
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) Shot self with 38 pistol while in xxx					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year a depressed mood, he was to be admitted to an institution.							
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 After death as coroner and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Charleston, Mo. Coroner				22b. ADDRESS Charleston, Mo.				22c. DATE SIGNED 7/15/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-12-59	23c. NAME OF CEMETERY OR CREMATORY W.C.W. Cemetery			23d. LOCATION (City, town, or county) (State) East Prairie, Mo.			
24. FUNERAL DIRECTOR Travis Shelby Jr. East Prairie, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 7-18-59		26. REGISTRAR'S SIGNATURE Gertrude G. Harper			

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 W. Travis Shelby, Jr.

Licensed Embalmer No. 49110

P. O. Address East Point

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.