

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

'59 0 44 5 4 3

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5585 Registrar's No. 2

ENDED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) Madison Township		Length of stay in 1b OR TOWN 70 yrs		c. CITY OR TOWN Jasper Rt. # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 miles N.E. Carthage				d. STREET ADDRESS (If outside, give location) Rt. # 1 Jasper		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Frank Middle L. Last Keener			4. DATE OF DEATH Month Dec. Day 30 Year 1959				
5. SEX Male	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 1-10-89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Ret'd. Farmer		11. BIRTHPLACE (City and state or country) Jasper Rt. # 1. Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Charles Keener		13b. MOTHER'S MAIDEN NAME Ida Girton		14. NAME OF HUSBAND OR WIFE Ruth Boring			
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. 493-40-9430		17. INFORMANT Address Mrs. F. L. Keener-Jasper Rt. 1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure						INTERVAL BETWEEN ONSET AND DEATH Instant	
DUE TO (b) Chronic Myocarditis, probably.							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pt. had never complained, never had a doctor						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 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. _____ p.m. Month, Day, Year _____							
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 at no time , to _____ and last saw ^{him} alive on 0 Death occurred at: Near 12:00 noon m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) J. Darwin Magee D.O.				22b. ADDRESS Jasper, Missouri		22c. DATE SIGNED 12/31/59 (State)	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-60	23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		23d. LOCATION (City, town, or county) Jasper Co., Mo.		
24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home - Carthage, Mo.				25. DATE RECD. BY LOCAL REG. 1-2-60		26. REGISTRAR'S SIGNATURE Edw. Clouton	

(Licensed Embalmer's Statement on Reverse Side)

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edwin C. Williams

Licensed Embalmer No. 4958

P. O. Address Laurel, Md.

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.