

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL CENTER FOR HEALTH STATISTICS
 NATIONAL BUREAU OF VITAL STATISTICS
 NATIONAL CENTER FOR HUMAN GENEALOGY

-60-004895

ENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Point Betch		Length of stay in 1b Yrs.		c. CITY OR TOWN Mineral Point, MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Mineral Point			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First CLARENCE Middle T. Last KEAN				4. DATE OF DEATH Month Jan Day 3 Year 1960							
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 5-5-1959		9. AGE (last birthday) 00		IF UNDER 1 YEAR Months 7 Days 28 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY Mineral Point, Mo.		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY				
13a. FATHER'S NAME George Kean			13b. MOTHER'S MAIDEN NAME Myrtle Bowen			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. none		17. INFORMANT Address Rt. # 1 Mrs. George Kean Mineral Point, 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) Marshall T. ...										INTERVAL BETWEEN ONSET AND DEATH Amnesia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Septic Emboli Encephalomalacia										Amnesia	
DUE TO (c) Congenital Heart Disease										Since Birth	
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 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 Dec. 26 1959 to Jan 3, 1960 and last saw him alive on Jan 3, 1960 Death occurred at 6:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE George M. Sparks DO						22b. ADDRESS 246 E. High - Potosi - Mo			22c. DATE SIGNED 1/5/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan-5, 1960		23c. NAME OF CEMETERY OR CREMATORY New Diggins Cemetery			23d. LOCATION (City, town, or county) Washington Co. Missouri				
24. FUNERAL DIRECTOR Murphy L. Sparks				ADDRESS Flat River, Mo.		25. DATE RECD. BY LOCAL REG. 1/5/60		26. REGISTRAR'S SIGNATURE Arletta Rudall			

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. 589
working under my personal supervision.

Student Richard A. Reeves
Signature of Student Embalmer

Signed Murphy L. L...

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.