

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 2 1960

=60-016264

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 34 yrs	c. CITY OR TOWN Maryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 501 E 7th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle DUKE Last KEGIN			4. DATE OF DEATH Month 4 Day 23 Year 1960			
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 10, 17, 1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret telephone emp.		10b. KIND OF BUSINESS OR INDUSTRY United Tel. Co.	11. BIRTHPLACE (City and state or country) Arkoe, Mo.		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Thomas Duke		13b. MOTHER'S MAIDEN NAME Martha Ricker		14. NAME OF HUSBAND OR WIFE Walter E. Kegin	
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. 495-01-5836		17. INFORMANT Address Walter E. (Pete) Kegin, Maryville, 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) Acute cardiac dilatation			INTERVAL BETWEEN ONSET AND DEATH sudden 4 years. several yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic myocarditis & hypertrophy & decompensation		
	DUE TO (c) mitral stenosis		
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 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 Month, Day, Year 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 Oct. 1956 to April 23, 1960 and last saw her alive on April 22, 1960
Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.R. Jackson, MD		22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 4-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/26/1960	23c. NAME OF CEMETERY OR CREMATORY Bolckow Cemetery	23d. LOCATION (City, town, or county) (State) Bolckow, Mo.	

24. FUNERAL DIRECTOR ADDRESS Atchison Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 4-27-60	26. REGISTRAR'S SIGNATURE Bess Holt
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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 George M. Atkinson Jr., Student Embalmer No. 600
working under my personal supervision.

Student George M. Atkinson Jr.
Signature of Student Embalmer

Signed G. M. Atkinson

Licensed Embalmer No. 229
P. O. Address Manville

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.