

FEDERAL BUREAU OF INVESTIGATION

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

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Primary Registration District No. 3010

Registrar's No. 332

STATE FILE NUMBER 60-029858

ENDED

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Pulaski									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 7 days		c. CITY OR TOWN Karnak		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Owen Middle Addison Last Kean				4. DATE OF DEATH Month August Day 17 , Year 1960									
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 3-29-1900		9. AGE (last birthday) 60		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) Supt. at Box Factory				10b. KIND OF BUSINESS OR INDUSTRY Lumber		11. BIRTHPLACE (City and state or country) Belknap, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Charles Kean				13b. MOTHER'S MAIDEN NAME Alice Fisher				14. NAME OF HUSBAND OR WIFE Ruby Kean					
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. 343-07-0186		17. INFORMANT Address Ruby Kean Karnak, Ill.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral renal artery occlusion										INTERVAL BETWEEN ONSET AND DEATH 2 wks			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis										several yrs.			
DUE TO (c) Diabetes mellitus										6 months			
DUE TO (c) Rt. ureteral calculus													
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 8-11-60 to 8-17-60 and last saw him alive on 8-17-60 Death occurred at 1:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) L. R. Schraugh, M.D.						22b. ADDRESS 219 No. Pacific Cape Girardeau, Mo.			22c. DATE SIGNED 8-18-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-17-60		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery				23d. LOCATION (City, town, or county) (State) Belknap, Ill.					
24. FUNERAL DIRECTOR ADDRESS Ford & Sons Cape Girardeau, Mo.				25. DATE RECD. BY LOCAL REG. 8-19-60		26. REGISTRAR'S SIGNATURE Gene Kasten							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 22 1960

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. J. Ford

Licensed Embalmer No. 5087

P. O. Address Cape Girardeau

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