MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960

60-031188
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Aurora
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Aurora Community Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 30 East Summit
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Henry Middle: Efton Last: Keener

4. DATE OF DEATH: Month: August Day: 31 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/16/1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Stone County, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Keener
13b. MOTHER'S MAIDEN NAME: Josie Thomas
14. NAME OF HUSBAND OR WIFE: Opal Keener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-18-8275
17. INFORMANT: Mrs. Opal Keener, Address: Aurora, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) X Pulmonary Edema & Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ASCVD - Congestive Heart Failure
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Lymphosarcoma -

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8/25/60, to 8/31/60 and last saw him alive on 5:05 AM. 8/31/60
Death occurred at 5:05 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): X William P. Hamilton M.D.
22b. ADDRESS: 315 Madison Aurora Mo
22c. DATE SIGNED: 9/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/3/1960
23c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
23d. LOCATION (City, town, or county) (State): Marionville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Oscar L. Marsh, Aurora, Missouri
25. DATE RECD. BY LOCAL REG.: 9-1-1960
26. REGISTRAR'S SIGNATURE: Ora Mc Natt

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

~~Student Embalmer No.~~

~~working under my personal supervision~~

Student_____ Signed Gordon Benne

Signature of Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, Missou

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