

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035411

FILED VS OCT 3 1960

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4291 Registrar's No. 127

ENDED

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINCOLN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OLD MONROE</u>		Length of stay in 1b <u>life</u>	c. CITY OR TOWN <u>OLD MONROE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESIDENCE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>JOSEPH</u> Last <u>KEETEMAN</u>			4. DATE OF DEATH Month <u>SEPT.</u> Day <u>27</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-10-94</u>	9. AGE (last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCKMAN - U.S. GOV'T.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LOCK + DAM #25 WINFIELD, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>OLD MONROE, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM KEETEMAN</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA BECKEMEYER</u>		14. NAME OF HUSBAND WIFE <u>GERALDINE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR ONE</u>			16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>GERALDINE KEETEMAN</u> Address <u>Old Monroe, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia - overwhelming</u> DUE TO (b) <u>Sarcome</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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)					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 <u>9-24-66</u> to <u>9-26-66</u> and last saw ^{her} him alive on <u>9-26-66</u> Death occurred at <u>12:35 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Frank C. Spear, DO</u>			22b. ADDRESS <u>Winfield, Mo.</u>		22c. DATE SIGNED <u>9-28-66</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT. 30, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>		23d. LOCATION (City, town, or county) (State) <u>Old Monroe, Mo.</u>		
24. FUNERAL DIRECTOR <u>O.C. Ricks</u>		ADDRESS <u>ELBERRY, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-30-1960</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 4 1960

OCT 7 1960

OCT 14 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 _____

[Handwritten Signature]

Licensed Embalmer No. 4012

P. O. Address Edsberry, D

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.