

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-000072
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED VS FEB 7 1961 10 Primary Registration District No. 3002 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Belleflower	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co Hospital		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First MARY Middle - Last Keinrath			4. DATE OF DEATH Month JANUARY Day 31 Year 1961		
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 10/11/1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY General duties	11. BIRTHPLACE (City and state or country) Austria -	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward Keiser	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Frank Keinrath	

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 Frank Keinrath Belleflower Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) mesenteric thrombosis	DUE TO (b) arteriosclerosis	2 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	years

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
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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 _____ 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 **Jan 30 - 68** to **death** and last saw her **alive** on **1-31-61**
Death occurred at **6 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward Jones (Degree of title) MD	22b. ADDRESS Mexico Mo	22c. DATE SIGNED 2-2-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-2-1961	23c. NAME OF CEMETERY OR CREMATORY Belleflower	23d. LOCATION (City, town, or county) (State) Belleflower Mo,
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24. FUNERAL DIRECTOR Oland R Jones Belleflower Mo	25. DATE RECD. BY LOCAL REG. Feb 2-1961	26. REGISTRAR'S SIGNATURE Blanche Keely
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF DOCUMENT
 MEDICAL CERTIFICATION
 DEBORAH S. DAVIS, MD

