

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024143

AMENDED Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 724 STATE FILE NUMBER

FILED JUL 24 1961

1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DONIPHAN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH			Length of stay in 1b 5 DAYS		c. CITY OR TOWN ELWOOD		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. JOSEPH'S HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 504 MASS.	
3. NAME OF DECEASED (Type or print) First LUCILLE Middle -- Last KEENAN				4. DATE OF DEATH Month JULY Day 16 Year 1961			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JULY 14, 1911	9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) CLOVERPORT, KY.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME LEONARD KEENAN			13b. MOTHER'S MAIDEN NAME MINNIE MARLOW			14. NAME OF HUSBAND OR WIFE ---	
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 Address GEORGE KEENAN ELWOOD, KANSAS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Abdominal INTERVAL BETWEEN ONSET AND DEATH 2 month DUE TO (b) Primary Carcinoma ovaries bilateral 15 months 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 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.		Month, Day, Year _____					
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 Feb 1960 to July 16 61 and last saw her ^{him} alive on July 16, 61 Death occurred at 11:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Chew Craig MD</i>			22b. ADDRESS 620 Francis St. St. Joseph Mo			22c. DATE SIGNED 7/17/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JULY 16, 1961	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) WATHENA, KANSAS		
24. FUNERAL DIRECTOR ADDRESS HARMAN FUNERAL HOME-WATHENA, KANSAS			25. DATE RECD. BY LOCAL REG. July 18, 1961		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Fordell</i>		

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
D.W.D. Craig M.D.

MAR 6 1963

JUL 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.