

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029028

STATE FILE NUMBER

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 266

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>33 Days</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Clinton Gen. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>White Oak Trwp.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GILES BERNARD KEENEY</u>		4. DATE OF DEATH Month Day Year <u>Sept 2 1961</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>7-1-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and state or country) <u>San Francisco Cal U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sheldon Keene</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Fanning</u>	
14. NAME OF HUSBAND OR WIFE <u>Mildred Keene</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WWII</u>	
16. SOCIAL SECURITY NO. <u>040-14-6108</u>		17. INFORMANT <u>Mildred Keene</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>Hypostate Pneumonia</u> DUE TO (b) <u>Melanoma right arm</u> DUE TO (c) <u>Melanoma metastases both lungs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 months</u> <u>4 months</u> PART III. 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 <u>Aug 10, 1961</u> to <u>Sept 2, 1961</u> and last saw him alive on <u>9/2/61</u> Death occurred at <u>10:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Dr. R. S. Hallingworth M.D.</u>		22b. ADDRESS <u>Clinton Missouri</u>	
22c. DATE SIGNED <u>9/2/61</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Green</u>	
23b. LOCATION (City, town, or county) <u>Gleatonbury Conn.</u>		23c. DATE RECD. BY LOCAL REG. <u>Sept. 4, 1961</u>	
23d. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		23e. FUNERAL DIRECTOR <u>Schaberg Funeral Home</u>	
23f. ADDRESS <u>Clinton, Missouri</u>		23g. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 4 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 F L Schaberg

Licensed Embalmer No. 4543

P. O. Address Clinton Mo.

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.