

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010171

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 5212 Registrar's No. 4

FILED APR 2 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carter Twp</u>		c. CITY OR TOWN <u>Van Buren</u>	
Length of stay in lb <u>Transit</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H.WAY 21+34-1m N.60</u>		d. STREET ADDRESS (If outside, give location) <u>Van Buren</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHAMP CLARK Keeney</u>			4. DATE OF DEATH Month Day Year <u>3-9-1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-12-1912</u>
9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	IF UNDER 24 HR Hours <u>2</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>	11. BIRTHPLACE (City and state or country) <u>Carter County, MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Keeney</u>	
13b. MOTHER'S MAIDEN NAME <u>CARRIE Keeney</u>		14. NAME OF HUSBAND OR WIFE <u>Dec'd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>Richard Keeney</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Conus medularis of brain stem</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
DUE TO (b) <u>Edema of Brain</u>		<u>2 hrs</u>	
DUE TO (c) <u>Traumatic injury to head</u>		<u>5 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatic heart disease</u>		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Blow on top of head, external injury</u>	
20c. TIME OF INJURY Hour <u>9:40</u> Month, Day, Year <u>3-9-62</u>	prevented by thick hair, caused edema of brain		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>H.WAY 21+34</u>	20f. CITY, TOWN, OR LOCATION <u>Van Buren</u>	COUNTY STATE <u>Carter MO.</u>
21. I attended the deceased from <u>Head, on arrival</u> and last saw her <u>alive on</u> Death occurred at <u>11:30p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Coleman McSpadden</u>		22b. ADDRESS <u>Coroner Van Buren, MO</u>	22c. DATE SIGNED <u>3-29-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-12-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tedder Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carter Co. MO.</u>
24. FUNERAL DIRECTOR <u>McSpadden Funeral Home Van Buren, MO</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 29-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 6 1962

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 Allen C. McJannet

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.