

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015733

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. FILED APR 17 1962 Primary Registration District No. 5592 Registrar's No. 61

| | |
|---------------|--------------|
| VS 300 | DATE AMENDED |
| Rev. 4/59 | |
| 1 <u>0500</u> | |
| 2 <u>0506</u> | |
| 3 <u>2</u> | |
| 4 <u>1</u> | |
| 5 <u>2</u> | |
| 6 | |
| 7 <u>0</u> | |
| 8 <u>2</u> | |
| <u>99040</u> | |
| 10 <u>21</u> | |
| 11 <u>050</u> | |
| 12 <u>1-0</u> | |
| 13 <u>1-0</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|--|-------------------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp. | | Length of stay in lb 2 days | | c. CITY OR TOWN Festus | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 601 Moore St. |
| 3. NAME OF DECEASED (Type or print) First Emma Middle NMN Last Keating | | | 4. DATE OF DEATH Month April Day 13 Year 1962 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 7, 1865 | 9. AGE (last birthday) 96 | IF UNDER 1 YEAR Months 0 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) DeSoto, Missouri | |
| 13a. FATHER'S NAME John Alderson | | 13b. MOTHER'S MAIDEN NAME Lucy Stevens | | 14. NAME OF HUSBAND OR WIFE John Keating | |
| 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 Mrs. C. W. Griffin, 601 Moore, Festus, Mo |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock, fracture, right hip heart failure | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shock, DUE TO (c) fracture, right hip | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" 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.) Fell in home | |
| 20c. TIME OF INJURY Hour 6:00 a.m. Month, Day, Year 4-11-62 | | 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.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from April 11 to April 13 and last saw her then alive on _____ Death occurred at 5:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE [Signature] (Degree or title) | | | 22b. ADDRESS [Address] | | 22c. DATE SIGNED 4/14/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4-15-62 | | 23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery | |
| 23d. LOCATION (City, town, or county) Festus, Missouri | | 23e. DATE REC'D. BY LOCAL REG. 4/14/62 | | 23f. REGISTRAR'S SIGNATURE [Signature] | |
| 24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc., Festus, Mo. | | | 25. DATE REC'D. BY LOCAL REG. 4/14/62 | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

J. [unclear]

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 *Kath B. Vinson*

Licensed Embalmer No. 4976

P. O. Address Festus, 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.