# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-030163

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 970

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0128
2 0670
3
4 0
5 0
6
7 0
8 2
9 4201
10
11
12 5:0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED SEP 4 1962

1. PLACE OF DEATH a. COUNTY BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Length of stay in 1b: 96 DAYS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI

c. CITY OR TOWN EAST PRAIRIE — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) STAR ROUTE — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle JENNINGS Last KEENE

4. DATE OF DEATH: Month AUGUST Day 19 Year 1962

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-19-00

9. AGE (last birthday) 62 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (City and state or country) NEW MADRID, MO.

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME JOHN W. KEENE

13b. MOTHER'S MAIDEN NAME IDA JOINER

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT Address VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 2 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CORONARY THROMBOSIS

DUE TO (c) ARTERIOSCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIAL HYPERTENSION

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 May 15, 1962, to Aug 19, 1962 ~~and last saw her alive on~~

Death occurred at 9:35PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S. Cohen Degree or title ROBERT S. COHEN, M.D. Chief, Med. Scv.

22b. ADDRESS VA. HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED 8-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-22-1962

23c. NAME OF CEMETERY OR CREMATORY W.O.W Cemetery

23d. LOCATION (City, town, or county) (State) East Prairie, Mo.

24. FUNERAL DIRECTOR Travis Shelby, ADDRESS East Prairie, Mo.

25. DATE RECD. BY LOCAL REG. 8-30-1962

26. REGISTRAR'S SIGNATURE Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

SEP 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_____ Signed Travis Shelby Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4940

P. O. Address East Prairie, 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.