

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030787
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

FILED NOV 13 1962

VS 300 Rev. 4/59
 1 1870
 2 28140
 3 2
 4 0
 5 2
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 7 0
 8 2
 9 420.1
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 11
 12 1290-3
 13 1-1

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ralls Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Black Hawk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New London, Missouri		Length of stay in lb 2 Wks	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New London, Mo.		d. STREET ADDRESS (If outside, give location) Black Hawk County,	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle E. Last O'KEEFE.		4. DATE OF DEATH Month Oct Day 5 Year 1962	
5. SEX Male	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 1-29-1907
9. AGE (last birthday) 55		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) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage.	11. BIRTHPLACE (City and state or country) Ralls Co, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Benjamin D. O'Keefe	
13b. MOTHER'S MAIDEN NAME Jennie M. Lennox		14. NAME OF HUSBAND OR WIFE Margaret O'Keefe.	
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. _____	
17. INFORMANT Mrs Jennie Misner, New London, Mo.		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH Instant. Unknown.
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 checked="" 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 No medical attention and last saw her/him alive on _____ Death occurred at 1:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Rydel C. Wilbey		22b. ADDRESS Lawson Perry, Mo. (Ralls Co.)	
22c. DATE SIGNED 10/10/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-8-1962	23c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park.	23d. LOCATION (City, town, or county) (State) Ralls Co, Mo.
24. FUNERAL DIRECTOR Rydel C. Wilbey		25. DATE RECD. BY LOCAL REG. 10-8-1962	26. REGISTRAR'S SIGNATURE Rydel C. Wilbey
(Licensed Embalmer's Statement on Reverse Side)			

USE BLACK INK
 OR
 TYPEWRITER RIBBON

JAN 22 1963

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 Clyde W. Wicker

Licensed Embalmer No. 3820

P. O. Address Perry, 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.