

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1956

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 131

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, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Yes</u>
c. LENGTH OF STAY (in this place) <u>2 wks</u>		e. STREET ADDRESS (If rural, give location) <u>Fields Creek Twp. RR# 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Herman</u>	c. (Last) <u>Keck</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>March 17 1956</u>

5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 1, 1901</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months <u>2</u> Days <u>16</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Frank Keck</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Keck</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Keck (Wife)</u>	ADDRESS <u>Clinton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar Pneumonia</u> DUE TO (c) <u>Chronic Myocarditis &amp; Pulmonary</u>		<u>2 weeks.</u> <u>4 years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1956, to 3/17, 1956, that I last saw the deceased alive on 3/16, 1956, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R. S. Hallingmaier M.D.</u>	23b. ADDRESS <u>Clinton Missouri</u>	23c. DATE SIGNED <u>3/19/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 20, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-20-56</u>	REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conalus</u>	ADDRESS <u>Clinton, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

521

APR 4 1956

**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 *Eugene R. Caswell*.....  
Licensed Embalmer No. *468*

P. O. Address *Clinton,*

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.