

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44160
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 676

| | | | |
|--|----------------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN <u>Clinton</u> | | c. CITY OR TOWN <u>Clinton</u> <u>0422</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp</u> | | d. STREET ADDRESS (If outside, give location) <u>528 S. Orchard</u> | |
| Length of stay in lb <u>3 days</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Frederick Keefer</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec 24 1957</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 14 1882</u> |
| 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Conductor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | 11. BIRTHPLACE (City and state or country) <u>Rich Hill, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Albert Keefer</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Martha Bayes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hazel Keefer</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>702-10-8182A</u> | |
| 17. INFORMANT <u>Hazel Keefer</u> | | Address <u>Clinton, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>AORTIC ANEURISM</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIOSCLEROSIS</u> | | | <u>Dysr.</u> |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>451X</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year o.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>1955</u> to <u>24 Dec. 1957</u> and last saw her alive on <u>24 Dec. 1957</u> Death occurred at <u>4:40</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u> | | 22b. ADDRESS <u>Clinton, Mo</u> | |
| 22c. DATE SIGNED <u>24 Dec. 1957</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Dec 26, 1957</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | | 23d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Consabus Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-24-57</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 8 1958
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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 *J E Consolus*

Licensed Embalmer No. *1891*

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.