

FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20901

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>77 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		<u>1493</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1401 S. Garrison Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>EUGENE</u>		c. (Last) <u>O'KEEFE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 23, 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired quarry owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>quarries</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eugene O'Keefe</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalo Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>Cora B. O'Keefe</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Geo. Phelps, 1601 Grand, Carthage</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> ANTECEDENT CAUSES <u>and</u> <u>terminal Hypostatic pneumonia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b)</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <u>Myocardial infarction</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>5 years ago</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 mo +</u> <u>3 da</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____ <u>19 40</u> , to <u>June 13, 1952</u> , that I last saw the deceased alive on <u>June 13, 1952</u> and that death occurred at <u>10:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Kussel Smith MD</u> (Degree or title)				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>6-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-14-52</u>		REGISTRAR'S SIGNATURE <u>LB Clenton MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mc rtuary</u>		ADDRESS <u>Carthage, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

1493

RECEIVED 6-19-52
Jasper County Health Office

County File Number 52/6/470

Date Filed 6-19-52

JUL 18 1952

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
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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 this body is not embalmed, fact should be so stated above.