No. 300
10.48

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16465

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 10

0510
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Washington Twn.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Washington Township 0510
d. STREET ADDRESS (If rural, give location): 1½ miles East of Knob Noster 0

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): R.
c. (Last): McKeehan

4. DATE OF DEATH (Month) (Day) (Year): May 12 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 25, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Johnson County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John McKeehan
13b. MOTHER'S MAIDEN NAME: Elizabeth Gilmore
14. NAME OF HUSBAND OR WIFE: Flora May - Deceased

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Fred McKeehan, RFD, Knob Noster, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (1) Chr. Valvular Disease 15 yrs

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

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): Knob Noster, Johnson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* May 12, 1954 *to* May 12, 1954 *that I last saw the deceased alive on* May 12, 1954 *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. W. Grove MD
23b. ADDRESS: Knob Noster, Mo
23c. DATE SIGNED: May 13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 15, 1954
24c. NAME OF CEMETERY OR CREMATORY: Knob Noster Cemetery
24d. LOCATION (City, town, or county) (State): Knob Noster, Missouri

DATE REC'D BY LOCAL REG.: 5/14/54
REGISTRAR'S SIGNATURE: Emma L Beatty 149-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. Raymond Baker, Knob Noster, Missouri

(License Embalmer's Statement on Reverse Side)

RECEIVED
MAY 17 1954
JOHNSON COUNTY HEALTH DEPT.

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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 this body is not embalmed, fact should be so stated above.