

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41497

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5886 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Georgie</u> b. COUNTY _____	
b. CITY OR TOWN <u>Linn</u>	c. LENGTH OF STAY (In this place) <u>4 Months</u>	c. CITY OR TOWN <u>Atlanta</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Manor Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>810<sup>th</sup> St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANK</u>	b. (Middle) <u>ALOYIOUS</u>	c. (Last) <u>O'KEEFE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 1st, 1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work in conducting most of working life, even if retired) <u>Mechanical Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Adding Machine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Edward O'Keefe</u>	13b. MOTHER'S MAIDEN NAME <u>Bridget McDonald</u>	14. NAME OF HUSBAND OR WIFE <u>Adriene McDonald</u>
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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>253-01-8321</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas O'Keefe</u> ADDRESS <u>St. Louis, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u>	DUE TO (b) <u>Generalized arteriosclerosis</u>		
ANTECEDENT CAUSES	DUE TO (c) <u>Serulinity</u>		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	<u>442 X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from 9-10-55, 1955, to 12-15, 1955, that I last saw the deceased alive on 12-10, 1955, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. V. McKeely</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>12-17-55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/20/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Atlanta, Georgia</u>
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DATE REC'D BY LOCAL REG. <u>Dec 17-1955</u>	REGISTRAR'S SIGNATURE <u>T. O. Schmitt</u> <u>235</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Motton</u> ADDRESS <u>Levin</u>	<u>H.M. Patterson &amp; Son, Atlanta, Georgia.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 20 1955

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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 *Vernon M. Morte*.....

Licensed Embalmer No. *412*.....

P. O. Address *Linn*.....

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.