

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-037239**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 394 Primary Registration District No. 6029 Registrar's No. 185

**FILED OCT 11 1963**

VS 300  
Rev. 4/59

1 0900

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ellington,</u>		Length of stay in 1b <u>12 Yrs</u>	c. CITY OR TOWN <u>Ellington</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 Mi W of Ellington</u>		
3. NAME OF DECEASED (Type or print) First <u>William David</u> Middle <u>McKeel</u> Last <u>McKeel</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>30</u> Year <u>1963</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>1914-1878</u>	9. AGE (last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Factory</u>	11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Lewis C. McKeel</u>			13b. MOTHER'S MAIDEN NAME <u>Isabell Simpson</u>		14. NAME OF HUSBAND OR WIFE <u>Sena Retta McKeel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>NO</u> )			16. SOCIAL SECURITY NO.	17. INFORMANT <u>Sena Retta McKeel Ellington, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hydrostatic Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
DUE TO (b) <u>Myocardial DSGeneration</u>					<u>3 yrs</u>	
DUE TO (c) <u>Arteriosclerosis + Apoplexy</u>					<u>10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture Rt. Hip - 10 months ago</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <u>          </u> a.m. / p.m. Month, Day, Year <u>          </u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>          </u> COUNTY <u>          </u> STATE <u>          </u>		
21. I attended the deceased from <u>1958</u> to <u>Sept 28/63</u> and last saw <sup>her</sup> him alive on <u>Sept 28/63</u> Death occurred at <u>10:00 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Kenneth T. Carter, rec.</u>				22b. ADDRESS <u>Ellington Mo</u>		
22c. DATE SIGNED <u>10/2/63</u> (State)						
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-2-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Redford</u>		23d. LOCATION (City, town, or county) <u>Redford, Mo.</u>		
24. FUNERAL DIRECTOR <u>Permitt Funeral, Ellington</u>			ADDRESS <u>          </u>	25. DATE RECD. BY LOCAL REG. <u>OCT 5 1963</u>	26. REGISTRAR'S SIGNATURE <u>          </u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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 Chris S. Lewitt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.