

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris	
b. CITY OR TOWN (If outside city limits, give precinct no.) Hunters Creek Village		c. CITY OR TOWN (If outside city limits, give precinct no.) Hunters Creek Village	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 10622 Gawain		d. STREET ADDRESS (If rural, give location) 10622 Gawain	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First John (b) Middle Joseph (c) Last Keane			4. DATE OF DEATH January 6, 1967
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3, 1911
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional Baseball Player		10b. KIND OF BUSINESS OR INDUSTRY Sports (Baseball)	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John J. Keane	
14. MOTHER'S MAIDEN NAME Ada Pourcellie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 454-03-9903		17. INFORMANT Mrs. Lela Keane	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] IMMEDIATE CAUSE (a) Ventricular fibrillation DUE TO (b) Acute myocardial infarction DUE TO (c) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH Seconds 9 30 min. approx 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Essential hypertension			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month Day Year a.m. p.m.			
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 building, etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I hereby certify that I attended the deceased from 10-16-1963 to 1-6-1967 and last saw the deceased alive on 1-6-1967. Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William C. Sutton, M.D.		22b. ADDRESS 1603 Medical Arts Bldg	
22c. DATE SIGNED 1-11-67			
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE Jan. 9, 1967	
23c. NAME OF CEMETERY OR CREMATORY Memorial Oaks Mausoleum		24. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Lewis & Sons (Gus D. Lewis #3722)	
23d. LOCATION (City, town, or county) Houston Texas		25a. REGISTRAR'S SIGNATURE F. N. Colburn	
25a. REGISTRAR'S FILE NO. 00083		25b. DATE REC'D. BY LOCAL REGISTRAR JAN. 12, 1967	