

REC'D APR 1 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11484
Do not use this space.

1. PLACE OF DEATH
(a) County Miller Registration District No. 561
(b) Township Franklin Primary Registration District No. 5756
(c) City Bagnell (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs mos ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unnamed Infant of Orville Keesey
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation. _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bagnell Mo
13. NAME Orville A. Keesey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crocket Mo
15. MAIDEN NAME Allevie Cotton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bagnell Mo
17. INFORMANT (ADDRESS) Mrs. Allevie Keesey Bagnell Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19____
19. FUNERAL DIRECTOR (ADDRESS) Disposed of by
Rehavius
20. FILED MCH 3, 1938 Belle Hayes
495 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on still born 7th 38 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Compression of cord
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. Shelton, M. D.
(Address) Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2.
508-7-36-37
I X12804

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)