

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pike County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital 1 day
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain 4

(c) City or town VANDALIA
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME KEITHLEY, STUART ELLIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Olive Keithley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 13 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 7 11 _____ hr. _____ min.

9. Birthplace Wellsville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business _____

12. Name Edward William Keithley

13. Birthplace Pike County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Thompson BRASHEAR

15. Birthplace Pike County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Olive Keithley (wife)
(b) Address VANDALIA, Mo.

17. (a) Burial (b) Date thereof 9-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery
W. S. Waters

18. (a) Signature of funeral director _____
(b) Address Vandalia, Mo

19. (a) 9-25-44 (b) J. H. Haly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1944 hour 8 minute 50 AM.

21. I hereby certify that I attended the deceased from 9-23-44 19 _____ to 9-23-44 19 _____
that I last saw him alive on 9-23-44 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Congestive Heart Failure, 1 day

Due to Coronary Thrombosis, 1 mo.

Due to Cardiac Hypertrophy & Dilatation
Pulmonary Edema - 2 days

Other conditions Chronic Bronchitis, Congestive Heart Failure, Hypertension, Diabetes, & Kidney Disease.

Major findings: Ch. Interstitial Nephritis PHYSICIAN _____

Of operation _____

Of autopsy 12/10

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Robert L. Anderson M. D. _____
Address 216 George St. - Louisiana, Mo. Date signed 9/24/44

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

MOTHER FATHER

3.V
108
108
108

10-16-44

RECEIVED

District Health Officer No. 10

District File Number 16-44-17

Date Filed OCT 16 1944

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
 (a) County PIKE
 (b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: PIKE COUNTY Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether
 In this community 1 day
years, months or days)

3. (a) PRINT FULL NAME STUART ELLIS KEITHLEY
 3. (b) If veteran, name war
 3. (c) Social Security No. 492-09-1305

4. Sex MALE
 5. Color or race white
 6. (a) Single, widowed, married, divorced. MARRIED
 6. (b) Name of husband or wife OLIVE K. KEITHLEY
 6. (c) Age of husband or wife 41 years
 7. Birth date of deceased AUGUST 13 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 1
(If less than one day hr. min.)

9. Birthplace WELLSVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FOREMAN Mach. & Sho. b.

11. Industry or business HARGISON WALKER RESRET

12. Name WILLIAM EDWARD KEITHLEY

13. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name (DIXIE) L. ZABETH THOMPSON BRASHEARS

15. Birthplace KALLS COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant OLIVE K. KEITHLEY

(b) Address 413 E. 54 HIGHWAY VANDALIA Mo.

17. (a) BURIAL (b) Date thereof SEPT 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETERY

18. (e) Signature of funeral director W.S. Waters

(b) Address Vandalia Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County ANDRAIN
 (c) City or town VANDALIA
(If outside city or town limits, write "RURAL")
 (d) Street No. 413 EAST 54 HIGHWAY
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT day 24
 year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
 that I last saw h. alive on 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Due to

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....
 Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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42
-39
32873

Mo. R. C. HALLIDAY P. R. Frankford Mo

Burial Permit Issued by
Frank C. Haley Jr. Deputy

31521

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *M. S. Natus*

Licensed Embalmer No. *4278*

P. O. Address *Washington 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.