V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24566

FILED AUG 14 1945

Registration District No. 250

Primary Registration District No. 4374

Registrar's No. 97

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

74
0
0

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: Benedictine Convent 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 56 yrs 9 mo. 20 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Clyde 0
(If outside city or town limits, write "RURAL")

(d) Street No. Benedictine Convent 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Sister M. Dorothea Keyes

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January (Month) 17 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	5	11	..... hr. ..... min.

9. Birthplace Gladstone, Morgan Co. (City, town, or county) Missouri 7 (State or foreign country)

10. Usual occupation Teacher

11. Industry or business .....

FATHER
12. Name Thomas Keyes
13. Birthplace Kerry County, (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Agnes Riffel
15. Birthplace Westmoreland Co., (City, town, or county) Pa. 1 (State or foreign country)

16. (a) Informant Mother M. Dolorosa

(b) Address Benedictine Convent Clyde Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 2, (Day) 1945 (Year)

(c) Place: burial or cremation Convent Cemetery

18. (a) Signature of funeral director Latoy H. Phillips

(b) Address Stanberry Mo

19. (a) 7-1-45 (Date received local registrar) (b) A. D. Barnet (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 6 day 28
year 1945 hour 10:15 minute a M.

21. I hereby certify that I attended the deceased from Mar, 1932, to June 28, 1945;
that I last saw her alive on June 26, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Lobar Pneumonia	
Due to	
Due to	
Other conditions Healed Tuberculosis (Include pregnancy within 3 months of death)	

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

93

PHYSICIAN
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? ..... (Specify type of place)

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

23. Signature J. M. Bayles (M. D. ~~or other~~)

Address Maryville Date signed 6-29-45

1293

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Phillips

Licensed Embalmer No. 1898

P. O. Address Sterling Mass

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.