

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X38671

FILED 11/19 8 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 5667 Registrar's No. 33

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town Bedford  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community In This Community 34 years  
(years, months or days)

3. (a) PRINT FULL NAME WILLIAM CECIL KEITHLEY

3. (b) If veteran, name war None 3. (c) Social Security No. 498-01-3427

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased January 13 1912  
(Month) (Day) (Year)

8. AGE: Years 34 Months 4 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Time Distributor

11. Industry or business \_\_\_\_\_

12. Name John Henry Keithley

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

14. Maiden name Elsie A Nagle

15. Birthplace Lincoln County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Keithley

(b) Address Troy Missouri

17. (a) Burial (b) Date thereof 6-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Alexander Can Industrial place (Rock Quarry)

18. (a) Signature of funeral director Wayne Mc Coy

(b) Address Troy Mo.  
(c) Date received local registrar 6-11-46 (d) Registrar's signature Mrs. Emma B. Riddle

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural Troy  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1946 hour 12:45 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

(that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.)

Immediate cause of death Sudden and immediate death caused by that of sliding rock from a high bluff which completely crushed his head (Coroner's Jury Verdict)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 174-6 Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) Accident 57

(b) Date of occurrence June 11 1946

(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? Yes (e) Means of injury Body Crushed

23. Signature Dr. W. B. Althoff (M. D. or other) \_\_\_\_\_

Address Lincoln Co. Coroner Date signed 6/14/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

19781 7-3-46 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 10 1947.

DEC 8 1947

DEC 6 1947

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 *Wayne McCoy*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.