

S. No. 300
M-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7671
Registrar's No. 89

Registration District No. _____

Primary Registration District No. 3000

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Leitchville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community entire life (years, months or days)

3. (a) PRINT FULL NAME MAUD VIOLA KEETHLER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Mr. A. M. Keethler 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept 21 1878 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name James W. Stephenson
13. Birthplace Scotland Co. Mo. (City, town, or county) (State & foreign country)
14. Maiden name Mary E. King
15. Birthplace Scotland Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant A. M. Keethler
(b) Address Memphis, Mo.
17. (a) Burial (b) Date thereof Mar 18-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Mo.
18. (a) Signature of funeral director Keith & Co.
(b) Address Memphis, Mo.
19. (a) 2-18-48 (b) Kate Lambert (Registrar's signature)
(Data received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scotland
(c) City or town Memphis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 311 1/2 Main St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) /
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March Day 16 year 1948 hour 10 minute 05 A.M.
21. I hereby certify that I attended the deceased from March 4 1948 to March 16 1948 that I last saw her alive on March 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Massive Pulmonary Embolism Duration 1 1/2 hrs
Due to gangrenous, ruptured appendix 3/7/48
Due to _____

Other conditions 121 (Include pregnancy within 3 months of death)
Major findings: Pertinitis, gangrenous, ruptured appendix
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature Carl Haegele (M.D. or other) D.O.
Address Kirkville, Mo. Date signed 3-18-48

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6 1948

RECEIVED
District Health Officer No. 1
District File Number 3-42-561
Date Filed MAR 23 1948

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. 4258
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.