

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2250

State File No.

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 4436 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			d. STREET ADDRESS (If rural, give location) -----		

3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDORA</u> b. (Middle) <u>ELZEA</u> c. (Last) <u>KEACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1949</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 18, 1854</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>

13a. FATHER'S NAME <u>James Elzea</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Lefever</u>	14. NAME OF HUSBAND OR WIFE <u>James M. Keach</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Mary Keach, New London, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age. Bed fast</u> DUE TO (c) <u>from fracture of neck of femur.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>of femur 90°</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>NEW LONDON MO. MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SUPPLEMENTARY INFORMATION</u>

22. I hereby certify that I attended the deceased from Jan 17, 1949, to Jan 8, 1949, and that death occurred at 8:45p am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. A. Moore, M.D.</u>		23b. ADDRESS <u>New London Mo.</u>	23c. DATE SIGNED <u>1-14-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ralls county, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Jan 19, 1949</u>	REGISTRAR'S SIGNATURE <u>W. K. Waters</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kathryn A. Schwartz</u>	ADDRESS <u>Hannibal Mo.</u>

RECEIVED

District Health Officer No.

District File Number 1-49-13

JAN 24 1949

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 _____

Kenneth R. Salzman

Student Embalmer No. 273

working under my personal supervision.

Signed Kenneth R. Salzman
Student Embalmer

Signed Paul Robert Brown

Licensed Embalmer No. 4324

P. O. Address Kenneth R. Salzman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.