

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11355

114 00

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

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>69</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			
3. NAME OF DECEASED a. (First) <u>Dan</u> b. (Middle) <u>J.</u> c. (Last) <u>Keys</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-3-1880</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wright Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Thomas Keys</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bartlett</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Keys</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>567-10-0496</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Elizabeth Keys</u> ADDRESS <u>Mansfield, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>arthritis - Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>47</u> , to <u>Feb 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 13</u> , 19 <u>49</u> , and that death occurred at <u>7:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>100 S. Mansfield Mo</u>	23c. DATE SIGNED <u>2/14/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Curtis</u>	24d. LOCATION (City, town, or county) (State) <u>Mansfield Mo</u>
DATE RECD BY LOCAL REG. <u>2-21-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	384	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hartsville, Mo</u>

RECEIVED

District Health Officer No. 6,

District File Number 449-354

Date Filed 4-5-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Gene E. Holdren.....

Licensed Embalmer No. 3865.....

P. O. Address Hartsville, 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.