

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11439

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5035</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Saling</u>			c. LENGTH OF STAY (in this place) <u>4 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Saling</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rural</u>				d. STREET ADDRESS (If rural, give location) <u>8 Mi - North - Sturgeon</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Owen</u> b. (Middle) <u>Fielding</u> c. (Last) <u>Keithley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 28-1949</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL-30-1884</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. D. Keithley</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Clora Keithley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs O.P.A. Keithley - Clark - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		- MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 mo</u> <u>HIOX</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u></u>				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>Sept 15, 1948</u> , to <u>Apr 28, 1949</u> that I last saw the deceased alive on <u>Apr 28, 1949</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>O.P.A. Keithley M.D.</u>				23b. ADDRESS <u>Sturgeon Mo</u>		23c. DATE SIGNED <u>Apr 29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 30-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHAPEL GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>CLARK - Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr 29 1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neelya Bannet Booth</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sturgeon - Mo.</u>		

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

RECEIVED

District Health Officer No. 10

District File Number 5-49-78

Date Filed MAY 10 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed A.E. Booth

Licensed Embalmer No. 4087

P. O. Address Sturgis - 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.