

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11557  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST JOSEPH</b>	c. LENGTH OF STAY (In this place) <b>26 YEARS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. JOSEPH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI METHODIST HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>6311 BROWN-ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>JESS</b> c. (Last) <b>KEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APR. 10, 1949</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 2, 1883</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>8</b> Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SWIFT &amp; CO.</b>	11. BIRTHPLACE (State or foreign country) <b>BETHANY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>CLARK KEY</b>	13b. MOTHER'S MAIDEN NAME <b>EVA GREGG</b>	14. NAME OF HUSBAND OR WIFE <b>LOTTIE KEY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>487-05-1631</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LOTTIE KEY</b>	ADDRESS <b>6311 BROWN ST. ST. JOSEPH</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b>		
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Embolism in subclavian artery</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>232+</b>			

19a. DATE OF OPERATION <b>4-7-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Same</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-7-, 1949, to 4-10, 1949, that I last saw the deceased alive on 4-10-, 1949, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul Ferguson M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>4-11-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 12, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAKLAND CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BETHANY MO.</b>
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DATE REC'D BY LOCAL REG. <b>April 25, 1949</b>	REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ernie Clark</b>	ADDRESS <b>120 Illinois ave. St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*B. J. Cheney*

Student Embalmer No. 294

working under my personal supervision.

Signed *B. J. Cheney*  
Student Embalmer

Signed *Earle Clark*

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.