

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **14912**

No. 300  
10-48

FILED JUN 11 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MOUAWAYTUL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>	
c. LENGTH OF STAY (in this place) <u>8 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1019 OAK MARYVILLE MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. M.E. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Ruben</u> c. (Last) <u>Keyes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-7-1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>12-27-1887</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR (Months) (Days) <u>5-10</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life (even if retired)) <u>Employee State Highway Dept</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Andrew Co</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William J Keyes</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Hartman</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Nora Keyes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Keyes</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adynamic ileus</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Fatty infiltration of myocardium.</u>		<u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Exploratory laparotomy + appendectomy</u>		<u>586X</u>	
DUE TO (c) _____		DUE TO (a) stating the underlying cause last.			
19a. DATE OF OPERATION <u>2 June 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Peri choleptic adhesions. No Cover. Distention of colon</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 31 May, 1949, to 7 June, 1949, that I last saw the deceased alive on 7 June, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Willis P. McDonald, M.D.</u>		23b. ADDRESS <u>301 N. 8th St. Joseph, Mo.</u>		23c. DATE SIGNED <u>9 June 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>	
24d. LOCATION (City, town, or county) (State) <u>Union Star MO</u>		DATE REC'D BY LOCAL REG. <u>June 9, 1949</u>		REGISTRAR'S SIGNATURE <u>W. L. Jenkins</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u>		ADDRESS <u>SAVANNAH MO</u>			

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

FEB 7 1950

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

*E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.