

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16892**

FILED JUN 14 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4434** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Balls,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Balls,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Center, Missouri,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Center, Missouri.</b>	
c. LENGTH OF STAY (In this place) <b>53Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Center, Missouri.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Center, Missouri.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ennis</b>	b. (Middle) <b>Webster</b>	c. (Last) <b>Keithly</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June, 3, 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>1896</b> <b>Jan. 3, 1896</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 YEAR Days <b>28</b>	IF UNDER 1 HRS. Hours	IF UNDER 1 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Bank Examiner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bank</b>	11. BIRTHPLACE (State or foreign country) <b>Center, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edwin W. Keithly</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Osterhout</b>	14. NAME OF HUSBAND OR WIFE <b>Lois Edna Keithly</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lois Edna Keithly</b>	ADDRESS <b>Center, Missouri.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Heart</b>		<b>1 mo</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Carcinoma of Brain +</b> DUE TO (c) <b>Lungs + Stomach + Colon</b>		<b>154y</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>originated in Rectum</b>	<b>3 mo.</b>

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 **May 13, 1949** to **June 3, 1949**, that I last saw the deceased alive on **May 8, 1949**, and that death occurred at **2:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Brooks</b>	23b. ADDRESS <b>Center, Missouri.</b>	23c. DATE SIGNED <b>6-5-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 5, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Center, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-5-49</b>	REGISTRAR'S SIGNATURE <b>Plymouth Wilber</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Center, Missouri</b>	ADDRESS <b>Center, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

RECEIVED

District Health Officer No. 10

District File Number 6-49-1047

Date Filed ~~.....~~ JUN 1

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 Clyde Wilson

Licensed Embalmer No. 3820

P. O. Address Perry, 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.