

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18742

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 232

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Stoddard

b. CITY (If outside corporate limits, write RURAL and give township)
Poplar Bluff

c. CITY (If outside corporate limits, write RURAL and give township)
Elk Township

d. FULL NAME OF HOSPITAL OR INSTITUTION
Poplar Bluff Hospital

d. STREET ADDRESS (If rural, give location)
3 1/2 Miles N.E. of Parma MO

3. NAME OF DECEASED
a. (First) BERT b. (Middle) HOWARD c. (Last) KEASLER

4. DATE OF DEATH
(Month) (Day) (Year)
June 3-1949

5. SEX
M

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Oct. 3-1886

9. AGE (If years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 Wks. Hours Min.
62 9 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming

10b. KIND OF BUSINESS OR INDUSTRY
Agriculture

11. BIRTHPLACE (State or foreign country)
Eldorado Illinois

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
MARION KEASLER

13b. MOTHER'S MAIDEN NAME
ELLEN STINSON

14. NAME OF HUSBAND OR WIFE
LUCY KEASLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Lucy Keasler, Parma MO

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation
ANTECEDENT CAUSES
Hypertensive Heart Disease
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Sinus
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
445X

INTERVAL BETWEEN ONSET AND DEATH
5 day
3

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 May 1949, to 3 June 1949, that I last saw the deceased alive on 2 June 1949 and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
W. H. Johnson, M.D.

23b. ADDRESS
321 Oak Poplar Bluff Mo

23c. DATE SIGNED
10 June 49

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
6-5-49

24c. NAME OF CEMETERY OR CREMATORIUM
Taylor

24d. LOCATION (City, town, or county) (State)
3 mi South of Essex MO

DATE REC'D BY LOCAL REG.
June 27, 1949

REGISTRAR'S SIGNATURE
Wm. H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Watkins Funeral Service
Parma, Mo.

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

JUL 5 REGD

BUTLER COUNTY HEALTH DEPARTMENT

749-159

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 B. J. Brentlinger.....

Licensed Embalmer No. 4201.....

P. O. Address Sevier, 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.