

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20566

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5973 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Pack</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pack</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>12 North of Balwin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Balwin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Balwin - Jefferson Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>12 N. North of Balwin</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Hadd</u> c. (Last) <u>Keeling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 28 1859</u>	9. AGE (In years last birthday) <u>89</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	11. UNDER 1 HRS. Hours <u>1</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albert H. Keeling</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Keeling</u>	14. NAME OF HUSBAND OR WIFE <u>Frank E. Keeling</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank E. Keeling</u>	18. ADDRESS <u>Flemington, Md.</u>
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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 <u>1 yr</u> <u>1918</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma on face.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) (Min.)	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 June 15, 1949, to June 23, 1949, that I last saw the deceased alive on June 15, 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>Doyle McCreary</u>	23b. ADDRESS <u>Balwin Mo</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>6-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rondo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rondo Mo.</u>
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DATE REC'D BY LOCAL REG. <u>29, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Small Gardner</u>	ADDRESS <u>Blue Balwin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 6-4980

Date Filed 7-5-49

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 Walter B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmer, N

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.