

FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22421**
Registrar's No. **216**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY, <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>12</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		3 3 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>				d. STREET ADDRESS (If rural, give location) <u>3</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Howard</u>		b. (Middle) <u>Stratton</u>		c. (Last) <u>Keim</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1949</u>	
8. DATE OF BIRTH <u>May 9, 1864</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Terre Haute, Indiana</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jacob J. Keim</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Buzzard</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Rebecca James</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lora B. Keim, Kirkville, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>6 days</u> <u>years</u> <u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Oct 7, 1948</u> , to <u>July 16, 1949</u> , that I last saw the deceased alive on <u>July 16, 1949</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. T. Lutencher, D.O.</u>				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>7-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ft. Madison</u>		24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Keim, Kirkville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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July 16 1949

JUL 25 1949

RECEIVED JUL 19 1949
District Health Officer No. 10
District File Number 7-49-125
Date Filed JUL 19 1949

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 Ray W. Merwin, Jr.

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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.