

FILED AUG 20 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27406

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5775 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>St. Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Lee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose</u>	
c. LENGTH OF STAY (in this place) <u>2 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>02</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Still-Hildreth @ Steo. Sax.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u> b. (Middle) <u>Grant</u> c. (Last) <u>Keyhoe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 23, 1855</u>
9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A sst. Postmaster - Ret</u>	11. BIRTHPLACE (State or foreign country) <u>Beverly, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A sst. Postmaster - Ret</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Postal service</u>	11. BIRTHPLACE (State or foreign country) <u>Beverly, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ephraim Keyhoe</u>	13b. MOTHER'S MAIDEN NAME <u>Malvina Gilmore</u>	14. NAME OF HUSBAND OR WIFE <u>May Cherry Keyhoe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. G. Keyhoe</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia</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, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>4/20/</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 <u>7-17</u> , 19 <u>49</u> , to <u>8-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-9</u> , 19 <u>49</u> , and that death occurred at <u>7:00 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Andrew T. Still D.O.</u>		23b. ADDRESS <u>Macon, Mo</u>	23c. DATE SIGNED <u>8-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal?</u>	24b. DATE <u>8/9/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ottumwa Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Ottumwa, Ia.</u>
DATE REC'D BY LOCAL REG. <u>8-12-49</u>	REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>	195 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Hennes</u>	ADDRESS <u>Macon</u>

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 9 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 Albert Spivier.....

Licensed Embalmer No. 751.....

P. O. Address Moore 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.