

FILED AUG 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27640

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. James</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. James, Missouri</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home in St. James</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Willis</i> b. (Middle) <i>Houston</i> c. (Last) <i>Key</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8-3-1949</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 21, 1899</i>	9. AGE (In years last birthday) <i>55</i>	IF UNDER 1 YEAR Months <i>12</i> Days <i>12</i> IF UNDER 24 HRS. Hours <i>-</i> Min. <i>-</i>

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Section Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (State or foreign country) <i>Keyville, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
---	---	--	--

13a. FATHER'S NAME <i>James Key</i>	13b. MOTHER'S MAIDEN NAME <i>Minnie Arnet</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Key</i>
-------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If you give no or date of service) <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Carl Broccard</i>	ADDRESS <i>St. James, Mo.</i>
---	---	--	-------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Perforating Ulcers</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>13 1/2 hr</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cancer?</i>		
	DUE TO (c) <i>Sclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION <i>7/6</i>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	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)	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 *7/3*, 19*49*, to *8-3*, 19*49*, that I last saw the deceased alive on *7/3*, 19*49*, and that death occurred at *7* m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. A. Scott M.D.</i> (Degree or title)	23b. ADDRESS <i>St. James, Missouri</i>	23c. DATE SIGNED <i>8/18/49</i>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-5-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masonia Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. James, Missouri</i>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <i>8-20-49</i>	REGISTRAR'S SIGNATURE <i>Caro G. Birmingham</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Oral E. Lockleder</i>	ADDRESS <i>St. James</i>
---	---	---	--------------------------

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

81

Date Filed AUG 22 1949

County File Number

Phelps County Health Officer,

RECEIVED

**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 \_\_\_\_\_

Me Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer \_\_\_\_\_

Signed

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address St. James, 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.