

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY <u>Butler Poplar Bluff Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff (R)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>	
c. LENGTH OF STAY (in this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>etc</u>			
3. NAME OF DECEASED a. (First) <u>Archie</u>		b. (Middle) _____	
c. (Last) <u>Keeble</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-23-1905</u>
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Cotton Plant</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>R. E. C. Keeble</u>		14. MOTHER'S MAIDEN NAME <u>Matie Wilson</u>	
15. NAME OF HUSBAND OR WIFE <u>Ella Keeble</u>		16. SOCIAL SECURITY NUMBER <u>497-18-1449</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R. E. C. Keeble - Poplar Bluff Mo.</u>		18. ADDRESS <u>Mo.</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>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		4201	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Route 3 tractor's accident</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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:10 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. A. Post M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>15 Sept</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 17, 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul J. B. Ross - Poplar Bluff, Mo.</u>

SEP 19 RECD

974-279

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

974-279

**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

*Fred J. Smith*

Licensed Embalmer No.

*4428*

P. O. Address

*Sikeston, 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.

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