

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34646

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1408 So. Kentucky</u>		d. STREET ADDRESS (If rural, give location) <u>1408 So. Kentucky</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>PARKER</u> c. (Last) <u>Keyes</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>18</u> (Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 16 - 1899</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Norace Keyes</u>	
13b. MOTHER'S MAIDEN NAME <u>Fannie Fitch</u>		14. NAME OF HUSBAND OR WIFE <u>Irma Keyes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-12-9938</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irma Keyes</u>		ADDRESS <u>Sedalia</u>	
18. NOSE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Silicosis tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Silicosis</u> <u>9 yrs</u> DUE TO (c) <u>Lung infection</u> <u>3 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Tuberculosis but not germs found</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) <u>MOIX</u>	
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 <u>3rd</u> 19 <u>49</u> to <u>10-18</u> 19 <u>49</u> that I last saw the deceased alive on <u>10-18</u> 19 <u>49</u> and that death occurred at <u>11:50</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. G. Campbell</u>		23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>10-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richmond cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond Mo</u>
DATE REC'D BY LOCAL REG. <u>10-19-49</u>	REGISTRAR'S SIGNATURE <u>G. G. Campbell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> ADDRESS <u>Sedalia Mo</u>	

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

OCT 24

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-25-49

APR 17 1950

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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 K. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.