

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34755
Registrar's No. 233

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>233</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		88		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>609 1/2 Adams</u>				d. STREET ADDRESS (If rural, give location) <u>609 1/2 Adams</u>				
3. NAME OF DECEASED (Type or Print) <u>Lottie</u>			a. (First)		b. (Middle) <u>Keeley</u>		c. (Last)	
4. DATE OF DEATH <u>Oct 19th 1949</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb 23rd 1875</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR <u>7</u> Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>D. Mo.</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Robert Beazley</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah E Dines</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert E. Keeley</u>		ADDRESS <u>Chicago, Ill.</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>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u> DUE TO (c) 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>3 days</u> <u>10 yrs.</u> <u>44 1/2</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 <u>Jan 1946</u> , to <u>19 Oct 1949</u> , that I last saw the deceased alive on <u>Oct 18, 1949</u> , and that death occurred at <u>7:35 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>William H. Love</u> (Degree or title) <u>Dr. M.D.</u>				23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>10-21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 21st 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 21-49</u>		REGISTRAR'S SIGNATURE <u>Seah Williams Love</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>		ADDRESS <u>Moberly Mo</u>		

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

NOV 4 1949

RECEIVED OCT 31 1949
District Health Officer No. 10
District File Number 10-49-184
Date Filed OCT 31 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank W De Witt

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address *Woburn Mass*

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.