

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36055

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 4296 Registrar's No. 24

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>Maglelene</u> c. (Last) <u>Keithley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 1 1949</u>			
5. SEX <u>fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct. 23 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>F. M. Keithley</u>		13b. MOTHER'S MAIDEN NAME <u>Jane B. Seaman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clyde Hoskins Browning</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural death</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4/3/43</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unspecified heart lesion</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 about 10, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred at 3A m., from the causes and on the date stated above.

22a. SIGNATURE (In prose or title) <u>Joseph E. Prior DO2 Coroner</u>		23b. ADDRESS <u>P.O. Box 87, Milau, Mo.</u>		23c. DATE SIGNED <u>11-3-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home</u>	24d. LOCATION (City, town, or county) (State) <u>Browning, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 4, 1949</u>	REGISTRAR'S SIGNATURE <u>Elva C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wade Funeral Home Browning</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD



**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.

Signed \_\_\_\_\_

*Gerald T. Wade*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4172*

P. O. Address \_\_\_\_\_

*Browning*

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.