

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3813**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **8000** Registrar's No. **26**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Bates</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b> c. LENGTH OF STAY (in this place) <b>Life</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b> d. STREET ADDRESS (If rural, give location) <b>Dakota St.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>Bradford</b> c. (Last) <b>Keeble</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2-28-1950</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 2, 1888</b>
<b>9. AGE</b> (In years last birthday) <b>78</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>26</b>	<b>IF UNDER 4 HRS.</b> Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>James C. Keeble</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Dorothy Halsey</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Cora Ellen Keeble</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Miss Myrtle Hill K.C. Kansas</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. - It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>massive hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma stomach</b> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from Feb 1<sup>st</sup>, 1950, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950 and that death occurred at 2:00 P. m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>L. D. Lathrop, M.D.</b>		<b>23b. ADDRESS</b> <b>Butler, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3-2-50</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3-2-1950</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Smith Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Bates Co. Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>March 2-1950</b>	<b>REGISTRAR'S SIGNATURE</b> <b>N. Marshall Perry</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Edwin Underwood</b> <b>Butler, Mo.</b>	

RECEIVED

District Health Officer No. 7,

District File Number 2-51-171

Date Filed 3-6-50

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Missouri

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.