

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4096

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>RURAL FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>RURAL FULTON</u>	
c. LENGTH OF STAY (in this place) <u>7 MOS</u>		d. STREET ADDRESS (If rural, give location) <u>4 MILES SOUTH FULTON</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 MILES SOUTH OF FULTON</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HARVEY</u> c. (Last) <u>KEITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 6 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	
8. DATE OF BIRTH <u>JULY 17, 1870</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	
11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>			

13a. FATHER'S NAME <u>JOHN KEITH</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA BUAKS</u>		14. NAME OF HUSBAND OR WIFE <u>DONT KNOW</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NNK.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>D.K.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Keith</u> ADDRESS <u>Fulton Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death in house</u> ANTECEDENT CAUSES <u>fire</u> DUE TO (b) _____ 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>8:30 P.M.</u> <u>7:10</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>SUBMERGED</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Garage</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Fulton Twp.</u> (COUNTY) <u>Callaway</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY <u>Feb 6 1950</u> (Month) (Day) (Year) (Hour) <u>about 12 noon</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Building was filled with coal oil</u>	

22. I hereby certify that I attended the deceased from Burned self with coal oil, that I saw the deceased alive on Feb 6, 1950, and that death occurred at 8:30 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Garrett</u> (Degree or title) <u>3 Coroner</u>		23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>2/7/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RICHLAND CHRISTIAN</u>		24d. LOCATION (City or county) (State) <u>CALLAWAY MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 11-1950</u>		REGISTRAR'S SIGNATURE <u>Marretta Lawrence</u> 426		25. FUNERAL DIRECTOR'S SIGNATURE <u>managers Funeral Home, Fulton, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0140

RECEIVED FEB 12 1950
District Health Officer No. 9,
District File Number

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. BODY WAS NOT EMBALMED

Student
Student Embalmer

Signed Walter J. Haines, Jr.
Licensed Embalmer No. 4557

P. O. Address Fulton, 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.