

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAR 21 1950 STANDARD CERTIFICATE OF DEATH

8135

State File No.

BIRTH NO. REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325 Registrar's No. 7

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>M.</u> c. (Last) <u>Key-1873</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-1950</u>		
5. SEX <u>M</u> COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 21</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Crawford Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Billy Key</u>			13b. MOTHER'S MAIDEN NAME <u>Dorinda</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Key Steelville</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>[Signature]</u> ADDRESS <u>[Address]</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				<u>33A</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) m.		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 2-1, 1950, to 3-1, 1950, that I last saw the deceased alive on 3-1, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Pender</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Steelville MO</u>		23c. DATE SIGNED <u>3-9-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sligo Cemetery</u>		24d. LOCATION (City, town, or County) (State) <u>Sligo MO Denton</u>	
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DATE REC'D BY LOCAL REG. <u>3-10-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Steelville</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9MO

APR 5 1950

RECEIVED 3-13-50
District Health Officer No. 6,
District File Number 3-50-166
Date Filed 3-17-50

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 _____

Henry J. Gorman
_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Henry J. Gorman*
_____ Licensed Embalmer No. *2628*
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.