

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8422

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>526 S. Orchard St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>BELLE</u>		c. (Last) <u>KEIFER</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>4</u>		(Year) <u>1950</u>	
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>June 20, 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>9</u>		11. DAYS <u>14</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Montrose, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William H. Sapp</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Keifer</u>		ADDRESS <u>Montrose, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Winkler</u>		ADDRESS <u>Montrose, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right breast</u> ANTECEDENT CAUSES Morbidity 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>senile dementia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 Mo.</u> <u>170X</u> <u>1 year</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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 <u>Nov. 15</u> , 19 <u>49</u> , to <u>April 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 3</u> , 19 <u>50</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. R. Winkler</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>4/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 16, 50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Cassant</u>		ADDRESS <u>Clinton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-50-361

Date Filed 4-10-50

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 H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Calvin, 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.