

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11657**

BIRTH NO. _____ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **4501** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) T. c. (Last) KEATING		4. DATE OF DEATH (Month) (Day) (Year) Mar. 26, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 18, 1870
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) East Tennessee	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Joe Keating, Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delphia Hopkins, Bloomfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332A	
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) Bloomfield Stoddard Mo.	
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 Feb 28, 1950 , to Mar 26, 1950 , that I last saw the deceased alive on Mar 26, 1950 , and that death occurred at 9:20 m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. David M.A.		23b. ADDRESS Bloomfield Mo.	23c. DATE SIGNED 3-28-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 29-50	24c. NAME OF CEMETERY OR CREMATORY Walkers Cem.	24d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri
DATE REC'D BY LOCAL REG. Mar. 31. 50	REGISTRAR'S SIGNATURE Rose Webber 355	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. Bloomfield, Mo.	

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

RECEIVED APR 3 1950

District Health Office No. 2

District File Number 450-2

Date Filed

STATEMENT BY LICENSED EMBALMER

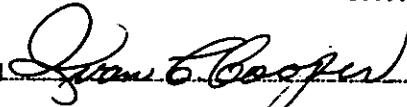
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Lulu

Cooper # 3499

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.