

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11776**
Registrar's No. **19**

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 6268		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Niangua R#1		c. LENGTH OF STAY (If this place) Unknown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Niangua Rural		1170	
d. FULL NAME OF HOSPITAL OR INSTITUTION Niangua R#1				d. STREET ADDRESS (If rural, give location) R.R. # 1			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Emmett c. (Last) Keesling			4. DATE OF DEATH (Month) (Day) (Year) March 12 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 16, 1874	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTH PLACE (State or foreign country) Cox County, Tenn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Keesling		13b. MOTHER'S MAIDEN NAME Francis Owens		14. NAME OF HUSBAND OR WIFE Martha E. Keesling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Beard Niangua Mo.			
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) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes melitus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 260X					INTERVAL BETWEEN ONSET AND DEATH 7 day
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 3-8, 1950 to 3-12, 1950 , that I last saw the deceased alive on 3-12, 1950 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. J. Hudson				23b. ADDRESS Crinway Mo.		23c. DATE SIGNED 3-22-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 14 1950		24c. NAME OF CEMETERY OR CREMATORY Bureka Cemetery		24d. LOCATION (City, town, or county) (State) Webster Co. Mo.	
DATE REC'D BY LOCAL REG. 3/23/50		REGISTRAR'S SIGNATURE J. Franais		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Holman Lebanon, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 8 1950

District Health Office No. 6.

District File Number

450-424

Date Filed

4-8-50

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.