

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12412

BIRTH NO. 20281-50 REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Steelville Mo Crawford</u> b. COUNTY						
b. CITY OR TOWN <u>Steelville Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Steelville Mo 0280</u>		d. STREET ADDRESS (If rural, give location)				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>										
3. NAME OF DECEASED (Type or Print) <u>LONDON DAVID KEY</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 - 1950</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>March 17 - 1950</u>				
9. AGE (in years last birthday)		IF UNDER 1 YEAR		DAYS		IF UNDER 2 HRS. Hours Min. <u>10</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Steelville Mo</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Merlyn Key</u>			13b. MOTHER'S MAIDEN NAME <u>Helena Galbreath</u>			14. NAME OF HUSBAND OR WIFE <u>Merlyn Key</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>Merlyn Key Steelville Mo</u>			ADDRESS		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prolapsed umbilical cord</u>				DUPLICATE OF (a) <u>None</u>				<u>10 min</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>None</u>						
				DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>7610</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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 <u>Mar 17, 1950</u> , to <u>Mar</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Stillborn</u> , and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Dr. Robert L. Do</u>				(Degree or title)		23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>3/17/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>R. L. Gibson</u>			76		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. J. Gorman</u>		ADDRESS <u>Steelville Mo</u>	

0280

RECEIVED 4-15-50
District Health Officer No. 5,
District File Number 4-50238
Date Filed 4-20-50

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 _____

Harry M. Johnson was not embalmed
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Harry M. Johnson*

Licensed Embalmer No. *2628*

P. O. Address *Steele Mc*

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.