

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13926

State File No.

| | | | | | | | |
|---|----------------------------------|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>243</u> | | PRIMARY REG. DIST. NO. <u>4364</u> | | Registrar's No. <u>8</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Nowata</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Okl.</u> b. COUNTY <u>Ottawa</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Stalla</u> | | c. LENGTH OF STAY (In this place) <u>9 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Miami</u> | | <u>8350</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>7282 N.W.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sterling</u> b. (Middle) <u>Lucy</u> c. (Last) <u>Keener</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr-6-1950</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 1, 1860</u> | | 9. AGE (In years last birthday) <u>89</u> | if UNDER 1 YEAR Months <u>10</u> Days <u>6</u> | if UNDER 24 HRS. Hours <u>6</u> Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Georgia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Don't know</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Levit Hurst</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</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. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna Doty Wash, 609</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>Polar pneumonia</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) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>9-28-1950</u> , to <u>4-6-1950</u> that I last saw the deceased alive on <u>4-6-1950</u> , and that death occurred at <u>7:15 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A. Cardwell M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Stalla Mo.</u> | | 23c. DATE SIGNED <u>4-6-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Apr 10-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near Webb City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-24-1950</u> | | REGISTRAR'S SIGNATURE <u>Alpha Dyer 369</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Goodson Miami, Okla.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 550-94
Date ~~###~~ MAY 2 1950
received

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 _____

Kenneth Black Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Kenneth Black

Licensed Embalmer No. 414

P. O. Address Miami Okla.

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.