

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14262

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6067 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> ; COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give township and give town) <u>El Dorado Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City - Mo.</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>3098</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. N.W. Tiffin Missouri</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emery</u>	b. (Middle) <u>-</u>	c. (Last) <u>Keyton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-22-1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lexington Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Floyd Keyton</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Mulligan</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-16-5936</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Keyton El Dorado Spgs Mo</u>	ADDRESS <u>El Dorado Spgs Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>410X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-2, 1950, to 4-12, 1950, that I last saw the deceased alive on 4-12, 1950, and that death occurred at 2: A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Richardson</u>	(Degree or title)	23b. ADDRESS <u>Tiffin Mo</u>	23c. DATE SIGNED <u>4-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>	24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 20 50</u>	REGISTRAR'S SIGNATURE <u>Ruth Seever</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Bradfield</u>	ADDRESS <u>Osage Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

930

RECEIVED - 5-10-50  
District Health Officer No. 7,  
District File Number 4-50-493  
Date Filed 5-10-50

DEC 6 1955

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 *J.B. Goodrich*

Licensed Embalmer No. 3038

P. O. Address *Presque Isle 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.