

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19157

State File No.

BIRTH NO. REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6217 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada (Baderhop) 40 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada (Baderhop) Baderhop</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.H. Co</u>		d. STREET ADDRESS (If rural, give location) <u>1080</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Paulina</u> c. (Last) <u>Keithly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. <u>WIDOWED</u> (Specify)	
8. DATE OF BIRTH <u>May 1 - 1865</u>		9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner home</u>		11. BIRTH PLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Alfred Keithly</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Marie Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Barham Keithly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>40-1-10000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Barham Keithly</u>	
				ADDRESS <u>Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUPLICATE OF (b) <u>Generalized arteriosclerosis</u>			<u>17 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>Squamous cell epithelioma of cheek</u>			<u>4201</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>5 yrs</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) (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 Jan 30, 1949, to 9 April, 1950, that I last saw the deceased alive on Mar 23, 1950, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray W. Pearce, M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>13 April 50</u>	
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24a. BURIAL (Specify)		24b. DATE <u>April 11 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nevada Burial Park Nevada</u>	
				24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>May 27 1950 Mrs. Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Eugene Home</u>		ADDRESS <u>Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

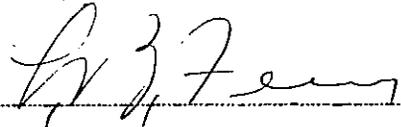
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 1768

P. O. Address Nevada 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.