

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19315

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Butler mt Pleasant 5 yrs</u>	c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler 0071</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 5 Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>Cuthbert</u> c. (Last) <u>Keyes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1950</u>	
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>Jan 8 - 1864</u>	9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>2</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telegraph operator</u>	11. BIRTHPLACE (State or foreign country) <u>Dana, Ind</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Wm Cuthbert Keyes</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Bates</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Bullock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>509-18-4034</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Keyes</u>	ADDRESS <u>Butler 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>023X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortitis</u> DUE TO (c) <u>Arricular fibrillation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Takes Dorsalis</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) m.	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 Nov 1, 1949, to June 10, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Hansen</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Appleton City MO</u>	23c. DATE SIGNED <u>6-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Adrian MO</u>
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DATE REC'D BY LOCAL REG. <u>June 16-50</u>	REGISTRAR'S SIGNATURE <u>Kenneth Keyes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u>	ADDRESS <u>Appleton City MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-19-50
District Health Officer No. 7,
District File Number 5-57680
Date Filed 6-19-50

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 me
on the 18th day of June 1950 Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed Frank Lee
Licensed Embalmer No. 1099
P. O. Address Appleton City, 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.