

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19514

FILED JUN 30 1950

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Beaver Dam township Poplar Bluff Twp</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar bluff</u>		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hy 67 S.</u>			d. STREET ADDRESS (If rural, give location) <u>Hy 67 S</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Etta</u>		c. (Last) <u>Keith</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 15, 1895</u>		9. AGE (In years last birthday) <u>54</u> If under 1 year: Months <u>6</u> Days <u>28</u> If under 12 hrs: Hours _____ Min. _____		
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		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Green</u>		13b. MOTHER'S MAIDEN NAME <u>Delaney Dunlap</u>		
14. NAME OF HUSBAND OR WIFE <u>Thomas J. Keith</u>		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>none</u>		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas J. Keith Poplar Bluff, Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-carcinoma of sigmoid</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Colitis, chronic spastic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 mos.</u> <u>Undetermined.</u> <u>153x</u>
19a. DATE OF OPERATION <u>13 Feb. 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable mass in sigmoid, verifying the above adeno-carcinoma; colostomy made.</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</u>		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 <u>25 March, 1949</u> , to <u>13 June, 1950</u> , that I last saw the deceased alive on <u>2 June, 1950</u> , and that death occurred at <u>5:30A m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>J. Lester Harwell</u> J. Lester Harwell, M.D.			23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>17 June 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		
24d. LOCATION (City, town, or county) (State) <u>Ripley Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>June 19, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428		
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff Mo.</u>						

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

RECEIVED

JUN 27 1950

BUTLER CO. HEALTH CENTER

FILE No. 650-278

VS JAN 8 1960

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Pointa Bluff 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.