

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

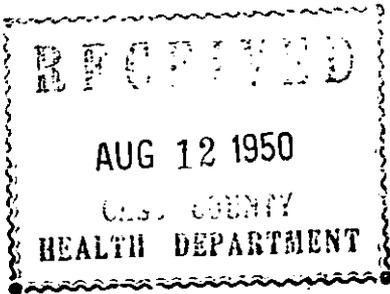
State File No. 23024

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4097 Registrar's No. 121

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pass</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pass</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>  |  |
| c. LENGTH OF STAY (in this place) <u>2 weeks</u>  |  | d. STREET ADDRESS (If rural, give location) <u>405 W Washington</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Anna</u>   |  | b. (Middle) <u>Beula</u>   | c. (Last) <u>Keith</u>   |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug 6 1950</u>  |  |  |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widowed</u>   | 8. DATE OF BIRTH <u>July 18-1879</u>   |
| 9. AGE (In years last birthday) <u>71</u>   |  | IF UNDER 1 YEAR<br>Months  | IF UNDER 6 HRS.<br>Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>seamstress</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>   | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>                        |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |  |  |
| 13a. FATHER'S NAME <u>M. Bateman</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>E. Slater Holland</u>   | 14. NAME OF HUSBAND OR WIFE <u>Wm. J. Keith</u>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>✓</u>   | 16. SOCIAL SECURITY NO. <u>no</u>  | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Bateman Harrisonville Mo.</u> ADDRESS _____  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                             |  |  |  |
| MEDICAL CERTIFICATION   |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Hypertension</u>   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...<br>DUE TO (b) <u>Interstitial Nephritis</u>   |  |  |  |
| DUE TO (c) _____  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>1/44X</u>  |  |  |  |
| 19a. DATE OF OPERATION <u>✓</u>   | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</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) _____   | 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>Feb. 24, 1950</u> to <u>Aug 6, 1950</u> , that I last saw the deceased alive on <u>Aug 6, 1950</u> , and that death occurred at <u>12:30 P.m.</u> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <u>J. S. Triplett M.D.</u> (Degree or title)   |  | 23b. ADDRESS <u>Harrisonville Mo.</u>  | 23c. DATE SIGNED <u>8-8-50</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>   | 24b. DATE <u>Aug 8 1950</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>           |
| DATE REC'D BY LOCAL REG. <u>Aug 8 1950</u>  | REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>  | FUNERAL DIRECTOR'S SIGNATURE <u>P. Rommberg</u>  | ADDRESS <u>Harrisonville Mo.</u>   |

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

5190



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 \_\_\_\_\_

*B. J. Lindley*  
working under my personal supervision.

Student Embalmer No. *369*

Student *B. J. Lindley*  
Student Embalmer

Signed *Ernest Rumberger*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville, 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.