

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 931

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>819 Warsaw St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ORELENE</u>	b. (Middle)	c. (Last) <u>KEITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 13 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>10-11-1944</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grade School</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Carl Keith</u>	13b. MOTHER'S MAIDEN NAME <u>Melbie Lynch</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) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melbie Keith</u>	ADDRESS <u>819 Warsaw St.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BURNS 2.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  <u>6 9/16 0</u>  <u>16</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Joseph Buchanan Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 6, 1950 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Child struck a match &amp; set her dress on fire</u>
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22. I hereby certify that I attended the deceased from 8-5-50, 1950, to 8-13, 1950, that I last saw the deceased alive on 13 Aug, 1950, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Describe or title) <u>G R Mc Daniel</u>	23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>8-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tennis Point Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Braymer MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 18, 1950</u>	REGISTRAR'S SIGNATURE <u>A. B. Jenkins</u>	387	25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. ...</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

1117

0

1117

0

8 13 1950

10-11-1944

5

St. Joseph, Mo.

USA

Melbie Lynch

None

None

Melbie Keith, 819 Warsaw St.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) BURNS 2.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

7 days

6 9/16 0

16

20. AUTOPSY? YES  NO

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo

21f. HOW DID INJURY OCCUR? Child struck a match & set her dress on fire

23b. ADDRESS St Joseph Mo

23c. DATE SIGNED 8-13-50

24d. LOCATION (City, town, or county) (State) Braymer MO.

25. FUNERAL DIRECTOR'S SIGNATURE John C. ... ADDRESS St. Joseph, Mo.

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed.....

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*John E. Stupka*  
*3986*  
*St. Joseph*

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.