

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1950

State File No. 27488

5698  
3040

Registrar's No. 139

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 139			
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sampsel		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sampsel		d. STREET ADDRESS (If rural, give location) 1590 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				3. NAME OF DECEASED (Type or Print) a. (First) Mason				b. (Middle) Perry	
				c. (Last) Keith		4. DATE OF DEATH 8-2-50			
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-7-1881			
						9. AGE (In years last birthday) 69			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Foreman		11. BIRTHPLACE (State or foreign country) Odessa, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME James Keith			13b. MOTHER'S MAIDEN NAME Martha Henry			14. NAME OF HUSBAND OR WIFE Frances King			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 703-01-2446		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M.P. Keith; Sampsel, Missouri					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, Pulmonary  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 2.5 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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. 1, 1950, to Aug 2, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.				23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Aug 2-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-4-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Sampsel Missouri			
DATE REC'D BY LOCAL REG. Aug 4/50		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.					

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

1590

NOV 29 1950



SEP 14 1950

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.

Student Embalmer No. ....

Signed Esten L. Norman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4836

P. O. Address Chillicothe, 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.