

FILED OCT 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. **29327**
 Registrar's No. **173**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

0042

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO 0042	
d. FULL NAME OF HOSPITAL OR INSTITUTION 427 WEST LOVE		d. STREET ADDRESS (If rural, give location) 427 WEST LOVE	

3. NAME OF DECEASED (Type or Print)	a. (First) BENJAMIN	b. (Middle) ALLEN	c. (Last) KEELING	4. DATE OF DEATH (Month) (Day) (Year) OCT 3 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 22 1894	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY CITY EMPLOYEE	11. BIRTHPLACE (State or foreign country) Advocate MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME B. G. KEELING	13b. MOTHER'S MAIDEN NAME BETTY HUGHES	14. NAME OF HUSBAND OR WIFE Mrs. B. G. Keeling
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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) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. B. A. Keeling	ADDRESS Mexico, MO
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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 155X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of bile ducts. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jaundice			

19a. DATE OF OPERATION 9/14/50	19b. MAJOR FINDINGS OF OPERATION Exploratory laparotomy.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **8/22/50**, 19____, to **9/8/50**, 19____, that I last saw the deceased alive on **9/8/50**, 19____, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Jolley	(Degree or title)	23b. ADDRESS 117 E. Monroe	23c. DATE SIGNED 10/3/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-4-50	24c. NAME OF CEMETERY OR CREMATORY FLMWOOD	24d. LOCATION (City, town, or county) (State) MEXICO MO
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DATE REC'D BY LOCAL REG. Oct 4-1950	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Clara ...	ADDRESS Mexico
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** (Licensed Embalmer's Statement on Reverse Side)

Date Received: **OCT 9 1950**
DISTRICT HEALTH OFFICE #2
District File Number *10-50-*
Date Filed: **OCT 9 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 _____

Richard Y. McDonald

Student Embalmer No. *371*

working under my personal supervision.

Student *Richard Y. McDonald*
Student Embalmer

Signed _____

Clara Curran

Licensed Embalmer No. *3569*

P. O. Address *Mission 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.