

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35102

State File No. 115
Registrar's No. 115

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005

1. PLACE OF DEATH
a. COUNTY BATES
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER
c. LENGTH OF STAY (in this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY BATES
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL 0070
d. STREET ADDRESS (If rural, give location) 1311 E. PARK AVE.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM EDWARD b. (Middle) KEISER c. (Last) KEISER
4. DATE OF DEATH (Month) (Day) (Year) DEC-4-1950

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH DEC-12-1884 9. AGE (In years last birthday) 65 10. IF UNDER 1 YEAR 11 Months 22 Days 11. IF UNDER 24 HRS. 0 Hours 22 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER 10b. KIND OF BUSINESS OR INDUSTRY COAL 11. BIRTHPLACE (State or foreign country) BATES COUNTY, MO. 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME FERDINAND KEISER 13b. MOTHER'S MAIDEN NAME SARAH WAGNER 14. NAME OF HUSBAND OR WIFE THURSA KEISER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecil Compton Rich Hill, Mo. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture
ANTECEDENT CAUSES DUE TO (b) Concussion
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Brain Hemorrhage
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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.
INTERVAL BETWEEN ONSET AND DEATH 28 1/2 Days 25 Hours

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 71 Highway 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rich Hill Bates Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 3 1950 10 P.M. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Cross high on foot struck by street car

22. I hereby certify that I attended the deceased from Dec 3, 1950 to Dec 4, 1950, that I last saw the deceased alive on Dec 4, 1950, and that death occurred at 2 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter W. Luter M.D. 23b. ADDRESS Butler, Mo 23c. DATE SIGNED 12/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE DEC-7-1950 24c. NAME OF CEMETERY OR CREMATORY SALEM 24d. LOCATION (City, town, or county) (State) FOSTER-MISSOURI

DATE REC'D BY LOCAL REG. Dec 8-50 REGISTRAR'S SIGNATURE Wendall Kurylo 25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Home, Rich Hill, Mo ADDRESS _____

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

RECEIVED 12/11/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/11/50

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 _____
Student Embalmer

Signed *John G. Underwood*
Licensed Embalmer No. *3585*

P. O. Address *Butler 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.