.S. No. 300
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FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3043

State File No. 5350

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. ~~3043~~ Registrar's No. 49

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0640
d. STREET ADDRESS (If rural, give location): R. R.# 2 1

3. NAME OF DECEASED (Type or Print)
a. (First): TRACEY
b. (Middle):
c. (Last): KEIM

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1951

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Apr. 14, 1865
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own-home
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Antone Waldhoff
13b. MOTHER'S MAIDEN NAME: Teresa-----
14. NAME OF HUSBAND OR WIFE: Henry Keim, Sr.

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 — ADDRESS: Mrs. Anna Keim, Hull, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c): 4222

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Uremic parsoning — 3 days

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1951, *to* Feb 8, 1951, *that I last saw the deceased alive on* Feb 8, 1951, *and that death occurred at* 5:15p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J Lanning M.D.
23b. ADDRESS: Hannibal, Mo.
23c. DATE SIGNED: 2/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/10/51
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 2-12-51
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 1891
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Kathryn A. Schwartz, Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 16 1951
O. HEALTH DEPT.
DATE FILED FEB 17 1951

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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Nora E. Foster

Licensed Embalmer No. 4742

P. O. Address Hannibal, 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.