

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11759

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5146 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY OR TOWN Rural-Davis Twp.		c. CITY OR TOWN Rural-Davis Twp. 0130	
c. LENGTH OF STAY (in this place) 35 yrs		d. STREET ADDRESS (If rural, give location) Southeast of Braymer Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) DALLAS c. (Last) KEEL			4. DATE OF DEATH (Month) (Day) (Year) March 29, '51		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 16, 1859		9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (State or foreign country) Ray Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William H. Keel	
13b. MOTHER'S MAIDEN NAME Ann Mary Linnay		14. NAME OF HUSBAND OR WIFE Kathryn Keel			

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 ADDRESS Miss Minnie Keel - Braymer, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) General arterio sclerosis			INTERVAL BETWEEN ONSET AND DEATH Not known
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) none			
		DUE TO (c) none			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			none

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4500	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

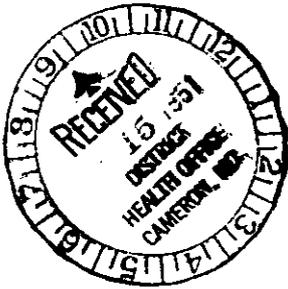
22. I hereby certify that I attended the deceased from Apr - 4, 1950, to Mar 29, 1951, that I last saw the deceased alive on Mar 27, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Henry J. Peterson M.D.		(Degree or title)		23b. ADDRESS Braymer, Mo	
23c. DATE SIGNED Mar. 30, 51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/31/1951		24c. NAME OF CEMETERY OR CREMATORY Evergreen	
				24d. LOCATION (City, town, or county) (State) Braymer, Mo.	

DATE REC'D BY LOCAL REG. 4-11-51		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Genevieve, Michael, Braymer, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.~~

Signed Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

Signed _____
~~Student Embalmer~~

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.