

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15327

BIRTH NO. _____ REG. DIST. NO. 952 PRIMARY REG. DIST. NO. 4518 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallister</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Shade</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>none</u> c. (Last) <u>Keethley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-51</u>	
5. SEX <u>MO</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>April 3, 1877</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Garber MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>William Keethley</u>	
13b. MOTHER'S MAIDEN NAME <u>Warcusa Keethley</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Luther Keethley</u>		ADDRESS <u>Walnut Shade MO</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>High Blood Pressure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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)	
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 <u>4/1</u> , 19 <u>51</u> , to <u>4/13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/12</u> , 19 <u>51</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>H. T. Evans</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Branson, MO</u>	
23c. DATE SIGNED <u>4/17/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Walnut Shade MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitelchel Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>4-14-51</u>		REGISTRAR'S SIGNATURE <u>S E Cogswell</u>	
ADDRESS <u>Branson MO</u>		ADDRESS <u>Branson MO</u>	

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

1060
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L. Evans

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 16 1951

Dist. File 457-806

Date Filed 4-17-51

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 Minnie L. Wheelabel

Licensed Embalmer No. 2277

P. O. Address Russell 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.