

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21032

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 138

0583

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

1. PLACE OF DEATH a. COUNTY <u>Moberly-Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>12 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		0043
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMA</u> b. (Middle) <u>NAOMI</u> c. (Last) <u>KEITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>July 19-1907</u>	9. AGE (In years last birthday) <u>48</u>	10. MONTHS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>W</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HW</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Fred Whiteside</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Butler</u>		14. NAME OF HUSBAND OR WIFE <u>Hiram Keith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>200</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hiram Keith Mexico 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hemorrhagic Purpura</u> DUE TO (c) <u>Thyrototoxicosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>4 days</u> <u>7 yrs</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>2520</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) (Min.)	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>5-24</u> , 19 <u>51</u> , to <u>6-5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-5</u> , 19 <u>51</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. J. J. Jolly D.O.</u>		23b. ADDRESS <u>203 1/2 N. Clark Moberly</u>		23c. DATE SIGNED <u>6-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nellsville City</u>	24d. LOCATION (City, town, or county) (State) <u>Nellsville Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-5-51</u>	REGISTRAR'S SIGNATURE <u>Leah ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob ...</u>	ADDRESS <u>Nellsville Mo</u>		

Date Received: JUN 1 1 1951
DISTRICT HEALTH OFFICE #2
District File Number: 6-57-1072
Date Filed: JUN 1 4 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

St B Kelly

Licensed Embalmer No. 1588

P. O. Address Kellaville 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.