

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25975

State File No.

No. 302
10. 48

FILED AUG 13 1951

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

| | | | | | | | |
|---|-------------------------------|--|---|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>362</u> | | PRIMARY REG. DIST. NO. <u>4531</u> | | Registrar's No. <u>59</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u> | | | c. LENGTH OF STAY (in this place) <u>7 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'fallon</u> | | | <u>0920</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Mervin</u> | | b. (Middle) <u>D.</u> | | c. (Last) <u>Keithly</u> | |
| 4. DATE OF DEATH | | (Month) <u>July</u> | | (Day) <u>28</u> | | (Year) <u>1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>August 4, 1867</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 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>Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Samuel Keithly</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Darst</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs Robert Fulkerson Wentzville, Mo.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert Fulkerson</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Cerebral Hypostatic</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</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 given</u> | | | <u>14 days</u> |
| | | | | DUE TO (c) <u>Hypertensive cordis wiculi</u> | | | <u>subm</u> |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>renal failure -</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>442X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>July 21, 1951</u> , to <u>July 28, 1951</u> , that I last saw the deceased alive on <u>July 27, 1951</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Donald Strehle MD</u> | | | | 23b. ADDRESS <u>Warrenton Mo</u> | | 23c. DATE SIGNED <u>July 31/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7/30/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Craig Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Defiance Mo</u> | | |
| DATE RECD BY LOCAL REG. <u>Aug 4, 51</u> | | REGISTRAR'S SIGNATURE <u>Floyd Logan</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Muechany</u> | | ADDRESS <u>Wentzville</u> | |

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 10 1951

RECEIVED

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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.