

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32647

State File No. \_\_\_\_\_

FILED OCT 29 1951  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1071

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u> <u>0542</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs 4 mo 4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>J.</u> c. (Last) <u>KEATING.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-1951.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>1-10-1876.</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>4.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missing.</u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u> <u>9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>unknown.</u>		13b. MOTHER'S MAIDEN NAME <u>unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>1</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lafayette County Court - Lexington, Mo.</u>	
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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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>     <u>5 years.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 9-30-51, 1951, to 10-14, 1951, that I last saw the deceased alive on 10-13, 1951, and that death occurred 12:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Monoway</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>10-14-1951.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct. 22, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Wm. Sidenfaden, St. Joseph, Mo.</u>		ADDRESS	
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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert H. Gayle  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.