

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32868**

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren, Mo 1150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luella</u> b. (Middle) <u>Lee</u> c. (Last) <u>Keathley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 3, 1886</u>
9. AGE (In years last birthday) <u>65</u> if UNDER 1 YEAR Months <u>4</u> Days <u>23</u>		9. AGE (In years last birthday) <u>65</u> if UNDER 1 YEAR Months <u>4</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME 10A.</u>	
11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Francis Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Emaline Ashcraft Deceased</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Hill, Van Buren Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Hill, Van Buren 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>593X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>593X</u>	
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?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 29</u> , 1951, to <u>Oct 26</u> , 1951, that I last saw the deceased alive on <u>10/26/1951</u> , and that death occurred at <u>10:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.H. Cotton M.D.</u> (Degree or title)		23b. ADDRESS <u>Van Buren</u>	
23c. DATE SIGNED <u>11/2/51</u>		23c. DATE SIGNED <u>11/2/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-29-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 7-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Oeta Henson</u> 50	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen C. McPherson</u>		ADDRESS <u>Van Buren Mo.</u>	

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

RECEIVED

NOV 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

NOV 10 1951

Special request for embalming
of the body of
John J. [unclear]
11/10/51

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 *25-2-12*

Signed

Allen C. McFallen

Licensed Embalmer No. *4543*

P. O. Address *New Bunn, 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.