

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

279
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bronville</u>		c. LENGTH OF STAY (In this place) <u>5 hrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Pilot Grove Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Pilot Grove RD-4 mi East</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp</u>			
3. NAME OF DECEASED a. (First) <u>MARLENE-FRANCES-KEITH</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11-1951</u>
5. SEX <u>Fem.</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr-24-1925</u>
9. AGE (In years last birthday) <u>26</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Beefactory</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James Keith</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Quigley</u>	14. NAME OF HUSBAND OR WIFE <u>None Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-34-8199</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Felton - Pilot Grove Mo</u> ADDRESS _____	
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>Respiratory & possible head injury</u> ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>A ets accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral Lacerations of neck</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.		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Auto Highway 40</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Bronville, Twp, Cooper, MO</u> (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 11, 1951 2:20 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident - windshield</u>	
22. I hereby certify that I attended the deceased from <u>3¹⁵ min</u> , 19 <u>51</u> , to <u>11/11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/11</u> , 19 <u>51</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Howard P. Hulen M.D.</u> (Degree or title)		23b. ADDRESS <u>309 Main St. Bronville, Mo.</u>	23c. DATE SIGNED <u>11/13/51</u>
24a. JOURNAL, CREMATION REMOVAL (Specify) <u>Journal</u>	24b. DATE <u>Nov-14-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sigal Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sturgeon MO</u>
DATE REC'D BY LOCAL REG. <u>11-14-51</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u> ADDRESS <u>Pilot Grove, Mo.</u>	

RECEIVED NOV 19 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 19 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 Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Newton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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.