

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **41458**

FILED DEC 17 1951

5567

BIRTH NO. _____		REG. DIST. NO. 145		PRIMARY REG. DIST. NO. 5566		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Kaolin Twp		c. LENGTH OF STAY (in this place) 47 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Kaolin Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mil west of Belleview				d. STREET ADDRESS (If rural, give location) 5 miles west of Belleview			
3. NAME OF DECEASED (Type or Print)		a. (First) Sherman		b. (Middle) Lee		c. (Last) Leslie Keith	
4. DATE OF DEATH		(Month) Dec.		(Day) 4,		(Year) 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 18, 1904	
9. AGE (in years last birthday) 47		IF UNDER 1 YEAR Months 7		Days 16		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) timber		10b. KIND OF BUSINESS OR INDUSTRY saw mill		11. BIRTHPLACE (State or foreign country) Iron county, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Keith		13b. MOTHER'S MAIDEN NAME Mattie Anderson		14. NAME OF HUSBAND OR WIFE Bessie Keith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Keith, Banner, Mo.			
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) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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) m.		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 12-1 , 1951, to 12-4 , 1951, that I last saw the deceased alive on 12-3 , 1951, and that death occurred at 4:33 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ans. W. Buffman M.D.				23b. ADDRESS Bismarck Mo		23c. DATE SIGNED 12-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE burial Dec 9, 1951		24c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery		24d. LOCATION (City, town, or county) (State) Banner, Missouri	
DATE REC'D BY LOCAL REG. Dec 12, 1951		REGISTRAR'S SIGNATURE Mrs. Elizabeth Logan		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home		ADDRESS Ironton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Ironton, Missouri

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.