S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8670

State File No.

FILED APR 8 1952 BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (In this place): 57 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Indep. Sanitarium.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 048.0
d. STREET ADDRESS (If rural, give location): Rt. 3 Box. 155 Fransden Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): DANIEL b. (Middle): RALPH c. (Last): KEEDWELL

4. DATE OF DEATH (Month) (Day) (Year): Mar. 28, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 29, 1872
9. AGE (In years last birthday): 79 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drag Line Operator.
10b. KIND OF BUSINESS OR INDUSTRY: Contractor.
11. BIRTHPLACE (City and State or Foreign Country): Jerseyville, Illinois.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Daniel Keedwell
13b. MOTHER'S MAIDEN NAME: Helen Hudspeth
14. NAME OF HUSBAND OR WIFE: Mayme Keedwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 524-03-2322
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mayme Keedwell. Rt. 3 Box 155

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) Carcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of bladder — 2 mo

19a. DATE OF OPERATION: Mch 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate 177X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch, 1950, *to* Mch 28, 1952, *that I last saw the deceased alive on* Mch 27, 1952, *and that death occurred at* 9:15 Am, *from the causes and on the date stated above.*

23a. SIGNATURE: Jo Hickerson 0 (Degree or title): M.D.
23b. ADDRESS: Independence Mo
23c. DATE SIGNED: Mch 29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 31 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 3-30-52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Dillon L. Pepley
ADDRESS: Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 2 RECD

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Sedalia, 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.