

S. No. 300
V. 10.48

17441

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 11 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 177

0804

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sadalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>P.R.D. #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eula</u> b. (Middle) <u>Faye</u> c. (Last) <u>Keeton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 - 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>March 5 - 1915</u>		9. AGE (In years last birthday) <u>37</u>		10. MONTHS <u>2</u> DAYS <u>26</u> IF UNDER 1 YEAR	
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>None</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co. - Mo</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Wm Powell Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Rushay Braden</u>		14. NAME OF HUSBAND OR WIFE <u>Ed W. Keeton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ed W. Keeton</u> ADDRESS <u>Nelson</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calanpinia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pregnancy at 28 weeks</u> DUE TO (c) <u>Chronic glomerular nephritis</u>			10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>6423</u>			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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 May 26, 1952, to May 29, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Edwards</u> (Degree or title) _____		23b. ADDRESS <u>Sadalia Mo.</u>		23c. DATE SIGNED <u>5-31-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-2-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Paul's cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-2-1952</u>		REGISTRAR'S SIGNATURE <u>W. Edwards</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros</u>		ADDRESS <u>Sadalia</u>	
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EX-11-NM/

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

R. P. M. Crary

Licensed Embalmer No. *3153*

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.