

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28897

No. 300
10.48

State File No.

1952 AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>251</u>	PRIMARY REG. DIST. NO. <u>5853</u>	Registrar's No. <u>193</u>
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville - rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u> <u>2740</u>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>722 East Fifth</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles northeast</u>				
3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARLAN</u>	b. (Middle) <u>LAVERNE</u>	c. (Last) <u>KEITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>10/28/33</u>	9. AGE (In years last birthday) <u>18</u> 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) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transfer</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville, Missouri</u>
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Howard Keith</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Ross</u>		14. NAME OF HUSBAND OR WIFE <u>none</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard Keith, Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dislocation neck</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Highway accidt upset</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no operations</u> <u>274</u>		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., home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polk Twp - Nodaway Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 15-52-9:15 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>upset on Highway</u>		
22. I hereby certify that I attended the deceased from <u>Not attended</u> , to <u>Aug 15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Not seen</u> , and that death occurred at <u>9:15A m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>L. Jean</u> (Degree or title) <u>Coroner M.D.</u>		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>8-16-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8/18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-23-52</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u> <u>229</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>		

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

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. 461

working under my personal supervision.

Student Arthur C. Kinsley
Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Marionville 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.