

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34314

State File No. ....

OCT 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 480

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>  |                               | c. LENGTH OF STAY (in this place) <b>2 days</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>  |                               | d. STREET ADDRESS (If rural, give location) <b>Rural Route # 3</b>   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>ARTHUR</b> c. (Last) <b>KEELE</b>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>10/19/1952</b>                          |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>   | 8. DATE OF BIRTH <b>5/19/1948</b>  |
| 9. AGE (In years last birthday) <b>4</b>  |                               | IF UNDER 1 YEAR Months Days  | IF UNDER 1 Wk. Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>  | 11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Missouri</b>          |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |                               | 13a. FATHER'S NAME <b>Thurman Keele</b>  |  |
| 13b. MOTHER'S MAIDEN NAME <b>Lillian Colvott</b>  |                               | 14. NAME OF HUSBAND OR WIFE <b>None</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |                               | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thurman Keele Poplar Bluff, Mo.</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |                               |  | INTERVAL BETWEEN ONSET AND DEATH   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tumor metastatic brain</b>  |                               |  | <b>4 wks</b>   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Sarcoma nasopharynx</b>  |                               |  | <b>6 wks</b>   |
| DUE TO (c) <b>Metastasis to liver lungs &amp; long bones</b>  |                               |  | <b>4 wks</b>   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                               |  |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION <b>148X</b>   |  |
| 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) 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 <b>8-22, 1952</b> , to <b>10-19, 1952</b> , that I last saw the deceased alive on <b>10-19, 1952</b> , and that death occurred at <b>5:10 P.M.</b> , from the causes and on the date stated above. |                               |  |  |
| 23a. SIGNATURE (Degree or title) <b>Bruce M. Acasley MD</b>   |                               | 23b. ADDRESS <b>Poplar Bluff, Missouri</b>   |  |
| 23c. DATE SIGNED <b>10-22-52</b>  |                               |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 24b. DATE <b>10/22/1952</b>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>   |                               | 24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Missouri</b>  |  |
| DATE REC'D BY LOCAL REG. <b>10-22-52</b>  |                               | REGISTRAR'S SIGNATURE <b>Wm. H. Johnson 428-0</b>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b>  |                               | ADDRESS <b>Poplar Bluff, Mo.</b>   |  |

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

RECEIVED  
OCT 30 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1052-516

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Palatka, Ill.

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.