

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37609

State File No.

FILED NOV 25 1952

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>110 E. Dakota</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>110 E. Dakota</u>			

3. NAME OF DECEASED a. (First) <u>Nettie</u> b. (Middle) <u>Jane</u> c. (Last) <u>Keeble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-52</u>		
---	--	--	---	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-9-1884</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <u>8 17</u>	11. UNDER 100 Hrs. (Hours) (Mins.)
-----------------	---------------------------	--	----------------------------------	---	--	------------------------------------

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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>Hancock</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Willey</u>		14. NAME OF HUSBAND OR WIFE <u>James B. Keeble</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gene Radford Butler, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Large fracture</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <u>Generalized metastases</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>157X</u>
--	--	---

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 7-1-1952 to 11-16-1952, that I last saw the deceased alive on 11-16-1952 and that death occurred at 4:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenneth D. Wood</u>	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>11-17-52</u>
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Nov. 18-52</u>	REGISTRAR'S SIGNATURE <u>Kenneth D. Wood</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sublet Underwood Butler, Mo.</u>
--	--	--

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

No. 32
W. P. Wood

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 Robert S. Sturbeck

Licensed Embalmer No. 4657

P. O. Address Butte, 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.