

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 106

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5031 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u> <u>Centre</u>		c. LENGTH OF STAY (In this place) <u>10 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MIDDLETOWN 1960</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Box 4325 Minn.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgie</u> b. (Middle) <u>Elkins</u> c. (Last) <u>Keithley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 26 53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2-18-1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>
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>-</u>	11. BIRTHPLACE (State or foreign country) <u>Gracette Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Branstetter</u>		14. NAME OF HUSBAND OR WIFE <u>Forest Keithley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>Notte</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Hillbrand</u> ADDRESS <u>Vandalia</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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c) <u>gen. arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>auricular fibrillation</u>		
			INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u> <u>years</u> <u>years</u> <u>weeks</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (Min.)		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 <u>June 1952</u> to <u>1/26/53</u> , that I last saw the deceased alive on <u>1/26/53</u> , and that death occurred at <u>8:50A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Edith Hillbrand</u> (Degree or title)			23b. ADDRESS <u>Vandalia Mo</u>		23c. DATE SIGNED <u>1/26/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Public</u>		24b. DATE <u>1-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>Middleton Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 26 1953</u>		REGISTRAR'S SIGNATURE <u>Mollie Fugus</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ab. Critchett</u> ADDRESS <u>Middleton Mo</u>	

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

FEB 3 1953

FEB 8 1953

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

John W. Butler

Licensed Embalmer No. *4447*

P. O. Address *Bowling Green, 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.