

No. 30.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

0493

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 3

36
1

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0730</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>Neosho Route #2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Bend Hospital Neosho #2</u> | | | |

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|---|---------------------------|---|--|---------------------------------------|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>Eimer</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) <u>Keiser</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 10. 1953</u> | | | | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>April 6, 1874</u> | | 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cal Ill.</u> | | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>John Keiser</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza Peget</u> | | 14. NAME OF HUSBAND OR WIFE <u>FANNIE KEISER</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>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Keiser Neosho #2</u> | |

| | | | | | | | |
|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | | <u>30 Months</u> | |
| | | ANTECEDENT CAUSES | | | | | |
| | | MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | | | | |
| | | DUE TO (b) <u>Arteriosclerosis</u> | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 4201 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 10, 1953, to Jan 10, 1953 that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

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|---|--|---------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>C. E. Maness M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Neosho, Mo.</u> | | 23c. DATE SIGNED <u>1-12-53</u> | |
|---|--|---------------------------------|--|---------------------------------|--|

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|---|--|--------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1-12-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>DIAMOND</u> | | 24d. LOCATION (City, town, or county) (State) <u>DIAMOND MISSOURI</u> | |
|---|--|--------------------------|--|---|--|---|--|

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|---|--|--|--|---|--|---------|--|
| DATE REC'D BY LOCAL REG. <u>1-12-53</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson Ch. Neosho Mo</u> | | ADDRESS | |
|---|--|--|--|---|--|---------|--|

RECEIVED

NEWTON COUNTY HEALTH U

Death No. _____

District No. 153-5

Date Filed 1-19-53

NEOSHO, MISSOURI

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 Loely Thompson

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.