

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8709**

State File No. ....

No. 300  
10.48

**FILED MAR 23 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 24

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Barry</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Wheaton</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Barry</u>
c. LENGTH OF STAY (in this place) <u>19 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wheaton 0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>Andrew</u>	b. (Middle) <u>Brown</u>	c. (Last) <u>Keeling</u>	(Month) <u>MARCH</u>	(Day) <u>9</u>	(Year) <u>1953</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>12-14-1865</u>		<b>9. AGE</b> (In years if under 1 year last birthday) <u>87</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>-</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Tennessee</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Geo Keeling</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louise Dabbs</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Susan Keeling</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>no</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Susan Keeling</u>
		<b>ADDRESS</b> <u>Wheaton Mo</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of Bowel</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 mo.</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>Senile Cardiac Degeneration</u>		
	<b>DUE TO (c)</b> <u>Senile Myocardial Degeneration</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	<u>153X</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Feb 16, 1952, to March 9, 1953, that I last saw the deceased alive on Mar 9, 1953, and that death occurred at 8:15 P. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>James L. Johns</u> (Degree or title) <u>D.O.</u>	<b>23b. ADDRESS</b> <u>Wheaton, Mo.</u>	<b>23c. DATE SIGNED</b> <u>3/11/53</u>
<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>3-12-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Rocky Comfort Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>3-20-1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Grace Williams</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Rocky Comfort, Missouri</u>
	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm M. Poque</u>	<b>ADDRESS</b> <u>Wheaton Mo</u>

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

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**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 James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.