Form No. 200
10.48

FILED MAY 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14988

BIRTH NO. _____ REG. DIST. NO. 809 PRIMARY REG. DIST. NO. 3043 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place): 4/8/53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 300 Magnolia 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): F.
c. (Last): Key

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 14, 1879
9. AGE (In years last birthday): 73 — If under 1 year: Months 8, Days 3, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: James R. key
13b. MOTHER'S MAIDEN NAME: Susan Elizabeth Kaid
14. NAME OF HUSBAND OR WIFE: Jeannette Key

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Frank Key
ADDRESS: Hannibal Missouri

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, asthenia, etc., but means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extra dural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Feb. 6-53

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) & Compression of Brain — Feb. 6-53
DUE TO (c) Auto accident — Feb 6-53

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 064
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 36
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Marion County Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 6, 1953 6:30P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: His car struck from rear by other vehicle

22. *I hereby certify that I attended the deceased from* Feb 6, 1953, *to* Feb 17, 1953, *that I last saw the deceased alive on* Feb 17, 1953, *and that death occurred at* 5:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or Title) MD
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 4-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/20/53
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 4/27/53
REGISTRAR'S SIGNATURE: M C Fitzhugh Dr E M Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: W Crawford Smith
ADDRESS: Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAY 1 1959
MARION CO. HEALTH DEPT.
DATE FILED MAY 1 1959

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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.

149883

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri } ss.
County of Marion

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 12 day of May, 1953, before me appears Mrs. Frank F. Key, who, upon her oath, states that the original record of ~~birth~~ death for Frank F Key, ~~born~~ died April 17, 19 53 in the State of Missouri, and which was filed at Hannibal on April 20, 53 should be corrected as follows:

Item No. 4 should read April 17, 1953

Instead of April 18, 1953

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Frank F. Key Wife
Relationship.

300 Magnolia Hannibal Mo.
Present Address.

Subscribed and sworn to before me this 12 day of May, 195 3

My Commission expires September 20, 1954 Alice Louise Hodgdon Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Marion }

State File No. 14988-53

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 18 day of May, 1953, before me appears Dr. W. F. Francka, who, upon his oath, states that the original record of ~~birth~~ death for Frank F. Key, died ~~born~~ April 17, 1953, in the State of Missouri, and which was filed at Hannibal on April 20 1953 should be corrected as follows:

Item No. 22 should read April 17, 1953
Instead of April 18, 1953
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant [signature] ~~Relationship~~ Physcian

Present Address.

Subscribed and sworn to before me this 18 day of May, 1953.

My Commission expires September 20-1954 Alice Bruce Hodgdon Notary Public.

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