

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

State File No. **15072**

FILED APR 27 1953 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 19

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institutional residence, before admission)	
a. COUNTY <u>New Madrid</u>	b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Portageville</u>	c. LENGTH OF STAY (in this place)	a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</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> (Month) (Day) (Year)		
a. (First) <u>John</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Keating</u>	<u>April 21, 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>Aug 10, 1879</u>		<b>9. AGE</b> (In years) <u>73</u> (If under 1 year last birthday) Months <u>8</u> Days <u>11</u> (If under 24 hrs. Hours   Min.)
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <input checked="" type="checkbox"/>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Temiscot Co. Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>

<b>13a. FATHER'S NAME</b> <u>James Keating</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>North Alexander</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ethelen Keating Portageville</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) <input checked="" type="checkbox"/>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ethelen Keating - Portageville 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>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Aemia</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u> DUE TO (c) <u>Malignant Hypertension</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> <u>592x</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<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> <u>Portageville New Madrid Mo</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <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** 1879, to April 20, 1953, that I last saw the deceased alive on 20 April, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Doctor or title) <u>H. B. Stanton Jr. M.D.</u>	<b>23b. ADDRESS</b> <u>Portageville Mo</u>	<b>23c. DATE SIGNED</b> <u>4-23-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Apr. 22, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Portageville Cem.</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Portageville, Mo</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Delisle Funeral Parlor Portageville Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Apr 23, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ellen DeLisle</u>	<b>ADDRESS</b> <u>Delisle Funeral Parlor Portageville Mo</u>

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

10. 300  
10. 48

21  
1

**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 \_\_\_\_\_

*Joseph A. LaFrale*  
Licensed Embalmer No. *4481*

P. O. Address *Reguette, 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.