

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22644**

FILED JUL 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **4459** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Osceola</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Kansas</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Todd's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3 1/2 mi. S.W. Paris</b>	
3. NAME OF DECEASED a. (First) <b>Hubert</b> b. (Middle) <b>A.</b> c. (Last) <b>Keith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 13, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>8/19/1888</b>
9. AGE (In years last birthday) <b>64</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <b>Dayton Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alexander Keith</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Chapman</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW# I</b>	
16. SOCIAL SECURITY NO. <b>553-14-5618</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Grace Bishop, Roscoe Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Typhoid, Chronic</b> INTERVAL BETWEEN ONSET AND DEATH <b>year</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <b>4/222</b>	
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)		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 <b>6-9, 1953</b> , to <b>6-13, 1953</b> , that I last saw the deceased alive on <b>6-13, 1953</b> , and that death occurred at <b>6:35 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Dr. Frank Todd, M.D.</b>		23b. ADDRESS <b>Osceola Mo.</b>	
23c. DATE SIGNED <b>6-13-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>6/16/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	
24d. LOCATION (City, town, or county) (State) <b>Butler Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Seewers</b>	
DATE REC'D BY LOCAL REG. <b>6-14-53</b>		REGISTRAR'S SIGNATURE <b>Paul Seewers</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Seewers</b>		ADDRESS <b>Osceola Mo.</b>	

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

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JUL 8 1953

JUL 4 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 J B Hendrick

Licensed Embalmer No. 3038

P. O. Address Osceola 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.