

**STANDARD CERTIFICATE OF DEATH**

State File No. **23554**

**FILED JUL 6 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **3071** Registrar's No. **23**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Saline</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Slater</b>		c. LENGTH OF STAY (in this place) <b>93 yrs</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Slater</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		d. STREET ADDRESS (If rural, give location) <b>0471 0</b>	

<b>3. NAME OF DECEASED</b> a. (First) <b>Susan</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Keyton</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 30-1953</b>		
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>white</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>widowed</b>	
<b>8. DATE OF BIRTH</b> <b>Feb. 3rd 1860</b>		<b>9. AGE</b> (In years last birthday) <b>93</b>		<b>IF UNDER 1 YEAR</b> <b>4</b> <b>DAYS</b> <b>27</b> <b>IF UNDER 24 HRS.</b> <b>Min.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>at home</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Saline county, Missouri</b>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S</b>	

<b>13a. FATHER'S NAME</b> <b>Martin Dilley</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mildred Mayfield</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>widowed</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Joseph Yates Slater-Mo.</b>	
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<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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Myocarditis with failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Nephritis</b> DUE TO (c) <b>Essential Hypertension</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Years? 10 days</b> <b>Years</b> <b>Years</b>		
<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>592x</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<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)			<b>21e. INJURY OCCURRED WHILE AT WORK -</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from July 1938, to June 30, 1953, that I last saw the deceased in Saline on June 29, 1953, and that death occurred at 9:15 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>D.A.M. Burney M.D.</b>		<b>23b. ADDRESS</b> <b>Slater, Mo.</b>		<b>23c. DATE SIGNED</b> <b>6/30/53</b>
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<b>24a. BURIAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>7/2/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Fish Creek Cemetery</b>		<b>24d. LOCATION</b> (Other than county) (State) <b>R.F.D. Skater Mo.</b>	
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<b>DATE REC'D BY LOCAL REG.</b> <b>7/2/53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Earl C. Melz Hill</b>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Brothers State Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*A. C. Hill*

Licensed Embalmer No. *3090*

P. O. Address *Stable 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.