

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

**23672**

State File No. ....

**JUN 30 1953**

BIRTH NO. 7 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Ternon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If inside corporate limits, write RURAL and give township) <u>Washington Twp</u> c. LENGTH OF STAY (in this place) <u>0-8-10</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler RFD</u> <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>		d. STREET ADDRESS (If rural, give location) <u>Deepwater Twp. 1</u>	
3. NAME OF DECEASED (Type or Print) <u>Geo.</u>	a. (First) <u>Geo.</u>	b. (Middle) <u>S.</u>	c. (Last) <u>KEIRSEY</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 7, 1883</u>
9. AGE (in years last birthday) <u>70</u>		10. MONTH <u>3</u>	11. DAY <u>18</u>
10a. USUAL OCCUPATION (Chief kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leuk</u>		13b. MOTHER'S MAIDEN NAME <u>Leuk</u>	
14. NAME OF HUSBAND OR WIFE <u>Maeie B. Keirsey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Leuk</u>		16. SOCIAL SECURITY NO. <u>Leuk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leuk</u>		ADDRESS <u>Hosp. Records</u>	
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) <u>Cerebral Arteriosclerosis</u> <u>with psychosis.</u> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>434X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Arteriosclerosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>10-15</u> 19 <u>52</u> , to <u>6-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-24</u> , 19 <u>53</u> , and that death occurred at <u>10:00 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. Keirsey</u>		23b. ADDRESS <u>Leuk</u>	
23c. DATE SIGNED <u>6/26/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-27-53</u>		REGISTRAR'S SIGNATURE <u>Anna G. Ferry</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Underwood</u>		ADDRESS <u>Butler</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

80  
2

**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

*John H. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler MD

**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.