

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31168

FILED SEP 28 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 310

1. PLACE OF DEATH
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE Missouri b. COUNTY Callaway

b. CITY (If outside corporate limits, write RURAL and give town or township) Fulton c. LENGTH OF STAY (in this place) 7 1/2 days

c. CITY OR TOWN Fulton d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital

e. STREET ADDRESS (If rural, give location) 100 E. 12th St. 0143

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Eaph c. (Last) Keith

4. DATE OF DEATH (Month) (Day) (Year) Sept. 22 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 8, 1909 9. AGE (In years) (Specify birthday) 44 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant

10b. KIND OF BUSINESS OR INDUSTRY Service Station

11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Squire Keith 13b. MOTHER'S MAIDEN NAME Millie Strickland 14. NAME OF HUSBAND OR WIFE Blanche Keith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. 493-01-1640

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Keith Fulton Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiples fractures of rib(s) with Hemothorax, fracture of femur

ANTECEDENT CAUSES DUE TO (b) trauma by auto accident

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH 4 days

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) suicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 122 1/2 St 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Fulton, Callaway, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 18, 1953 10:30 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? auto accident on public highway

22. I hereby certify that I attended the deceased from 9/18, 1953, to 9/22, 1953, that I last saw the deceased alive on 9/22, 1953, and that death occurred at 7:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry Dunt, M.D. 23b. ADDRESS Fulton, Mo. 23c. DATE SIGNED 9/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 25, 1953 24c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Garden 24d. LOCATION (City, town, or county) (State) Fulton, Missouri

DATE REC'D BY LOCAL REG. Sept 26 1953 REGISTRAR'S SIGNATURE Maretta Lawrence 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagon Furniture Store Fulton Mo

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

OCT 7 1950

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.....
Signature of Student Embalmer

Signed *J. J. Ross*.....

Licensed Embalmer No. *25*.....

P. O. Address *Fuller*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.