

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32462

FILED SEP 21 1953

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 227   |  | PRIMARY REG. DIST. NO. 5805  |  | Registrar's No. 3T   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <del>Monroe</del> <b>Monroe</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Florida-Jefferson</b>   |  | c. LENGTH OF STAY (in this place) <b>life</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Florida-Jefferson</b>                                      |  | d. STREET ADDRESS (If rural, give location) _____                                  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>James</b> b. (Middle) <b>William</b> c. (Last) <b>Keith</b>  |  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sept. 6, 1953</b>  |  |  |  |
| 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>W</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>  |  | 8. DATE OF BIRTH <b>11/5/62</b>  |  |
| 9. AGE (In years last birthday) <b>90</b>   |  | IF UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 1 HR. Hours _____ Min. _____  |  |  |  |
| 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 <b>farming</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>Indiana</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |
| 13a. FATHER'S NAME <b>Henry Keith</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Faunde Annie Fletcher</b>   |  | 14. NAME OF HUSBAND OR WIFE _____  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. G. Litteral</b> ADDRESS <b>Hospital</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.           |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b><br>ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>arterio-sclerosis</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>20 H</b>                                       |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Sept 6, 1953</b> to <b>Sept 6, 1953</b> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE <b>Wm. M. Fegley M.D.</b>  |  |  |  | 23b. ADDRESS <b>Physician Res. 217653</b>  |  | 23c. DATE SIGNED _____   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>Sept 8/53</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Florida Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Florida Mo</b>                    |  |
| DATE REC'D BY LOCAL REG. <b>9-15-53</b>   |  | REGISTRAR'S SIGNATURE <b>E. G. Barnedon</b>  |  | 435-2  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred A. Thompson</b> ADDRESS <b>Madison Mo</b> |  |

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

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**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 *Berry W. Thacher*

Licensed Embalmer No. *3944*

P. O. Address *Boonville 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.