FILED OCT 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Keith 37981
State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY: Scotland	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Mo b. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis c. LENGTH OF STAY (in this place): always	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓	d. STREET ADDRESS (If rural, give location): 0990

3. NAME OF DECEASED (Type or Print): a. (First) Laura b. (Middle) May c. (Last) McHugh

4. DATE OF DEATH (Month) (Day) (Year): Oct 10 - 1953

5. SEX: F 1 | 6. COLOR OR RACE: W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan 23-1872 | 9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (City and State or Foreign Country): Scotland Co Mo | 12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME: Lewis Hohstadt | 13b. MOTHER'S MAIDEN NAME: Isabell McHenry | 14. NAME OF HUSBAND OR WIFE: LeRoy McHugh

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.: No | 17. INFORMANT'S SIGNATURE OR NAME: John Hohstadt | ADDRESS: Memphis Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage	8 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 yrs
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: 331X | 20. AUTOPSY? YES ☐ NO ☒

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) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 3, 1953 *to* 10 - 10, 1953, *that I last saw the deceased alive on* 10 - 10 -, 1953, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Keethler D.O. | 23b. ADDRESS: Memphis, Mo. | 23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24b. DATE: Oct 12-53 | 24c. NAME OF CEMETERY OR CREMATORY: Memphis | 24d. LOCATION (City, town, or county) (State): Memphis Mo

DATE REC'D BY LOCAL REG.: 10/12/53 | REGISTRAR'S SIGNATURE: Vera G. Turner 476-0 | 25. FUNERAL DIRECTOR'S SIGNATURE: Garth & Baskett | ADDRESS: Memphis

(Licensed Embalmer's Statement on Reverse Side)

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

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.