

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **670**

FILED JAN 15 1954

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY OR TOWN JEFFERSON CITY	c. LENGTH OF STAY (in this place) 26 mos	c. CITY OR TOWN Aud.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 980
d. FULL NAME OF HOSPITAL OR INSTITUTION Chas Still, Hospital		e. STREET ADDRESS (If rural, give location) 4 miles south Chamois	

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) W. c. (Last) KEISKER			4. DATE OF DEATH (Month) (Day) (Year) JAN 10 1954		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 11 - 1871	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
--------------------	-------------------------------	---	---	---	-------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Bay, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
---	--	-----------------------------------	--	---	--	---	--

13a. FATHER'S NAME William KEISKER		13b. MOTHER'S MAIDEN NAME KATHERINE CRAMER		14. NAME OF HUSBAND OR WIFE			
---	--	---	--	-----------------------------	--	--	--

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. NONE		17. INFORMANT'S SIGNATURE OR NAME Samuel Keisker Harris ADDRESS			
---	--	-------------------------------------	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation					
		DUE TO (c) Hypertension					
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 443X	
------------------------	--	----------------------------------	--	--	--

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) (Min.)		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 **11/9/54, 10** to **1/10/54, 10**, that I last saw the deceased alive on **1/10**, 1954, and that death occurred at **6:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Lourence Everett Giffen D.O. (Degree or title)		23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 1/10/54	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 12, 54	24c. NAME OF CEMETERY OR CREMATORY FERGUSON CEMETERY	24d. LOCATION (City, town, or county) (State) Aud. Missouri		
---	-----------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. Jan 11-1954	REGISTRAR'S SIGNATURE R.P. Davis MD	25. FUNERAL DIRECTOR'S SIGNATURE Stanley E. Meyer ADDRESS Chamois Mo	
---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

MEYER

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.....
Signature of Student Embalmer

Signed *Shirley E. Shyne*

Licensed Embalmer No. *462*

P. O. Address *Chamisso*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.