P.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4268

State File No. .....

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 7

0201

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

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 Thompson St.

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs 0201
d. STREET ADDRESS (If rural, give location): 204 Thompson St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): L.
c. (Last): Keeton

4. DATE OF DEATH (Month) (Day) (Year): Feb 17 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 7-29-1873
9. AGE (In years last birthday): 80 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Bates County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Keeton
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Jess Keeton - Kansas City, Mo. — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Exaustion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Shingles
DUE TO (c): Old age and generability

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Bronchitis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 088 X
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* Feb 1st, 1954, *to* Feb 17/54, 19__, *that I last saw the deceased alive on* Feb 16 1954, *and that death occurred at* 3:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. T. Drennan - ay Mo 0
23b. ADDRESS: El Dorado Springs Mo
23c. DATE SIGNED: 2/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-54
24c. NAME OF CEMETERY OR CREMATORY: Stockton Cemetery
24d. LOCATION (City, town, or county) (State): Stockton, Missouri

DATE REC'D BY LOCAL REG.: FEB. 18, 1954
REGISTRAR'S SIGNATURE: George W. Hafner, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Gwinn - Carothers - El Dorado Spgs. Mo.

418 - 0

(Licensed Embalmer's Statement on Reverse Side)

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 May W. Pickering

Licensed Embalmer No. 7696

P. O. Address El Dorado Springs,

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.