

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4390**

BIRTH NO. **FILLED: MAR 10 1954** REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **5330** Registrar's No. **2**

2280
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHERRYVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHERRYVILLE	
c. LENGTH OF STAY (In this place) 5 YRS.		d. STREET ADDRESS (If rural, give location) 5330 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) SHERWOOD c. (Last) KEETON			4. DATE OF DEATH (Month) (Day) (Year) MARCH 2 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	
8. DATE OF BIRTH DEC. 23-1890		9. AGE (In years last birthday) 63 Months 2 Days 9		10. IF UNDER 1 YEAR Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) ELSBERY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JAMES KEETON		13b. MOTHER'S MAIDEN NAME MARTHA SEIFORT	
14. NAME OF HUSBAND OR WIFE		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 RICHARD KEETON - ELSBERRY, Mo.		ADDRESS ELSBERY, MISSOURI			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) STAGNATION ACIDOSIS		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STAGNATION ACIDOSIS		ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Terminal Carcinoma of Yestum	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Terminal Carcinoma of Yestum	
II. OTHER SIGNIFICANT CONDITIONS Post-op pelvo-rectal abscess		Conditions contributing to the death but not related to the disease or condition causing death. 3 Mon.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154X		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) (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 Feb. 20, 1954 , to Mar 2, 1954 , that I last saw the deceased alive on Feb. 26, 1954 , and that death occurred at 8:20 P.M. , from the causes and on the date stated above.					

23a. SIGNATURE F. A. Elders, M.D. (Degree or title)		23b. ADDRESS Cuba, Mo.		23c. DATE SIGNED 3-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-5-1954		24c. NAME OF CEMETERY OR CREMATORY CORINTH CEMETERY	
24d. LOCATION (City, town, or county) (State) FOLEY, MISSOURI		24e. REGISTRAR'S SIGNATURE Elsie Harrison		24f. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Sheehan	
DATE REC'D BY LOCAL REG. 3/9/54		REGISTRAR'S SIGNATURE		ADDRESS STEEVILLE, MO.	

MAR 14 1925

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 Thomas S. Gledhill

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.