

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23517**

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> c. LENGTH OF STAY (in this place) <u>10 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1904 Taylor Ave.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> d. STREET ADDRESS (If rural, give location) <u>1904 Taylor Ave.</u>		
3. NAME OF DECEASED a. (First) <u>Alferd</u> b. (Middle) <u>R.</u> c. (Last) <u>Key</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 8, 1875</u>		
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co., Missouri.</u>	
10a. FATHER'S NAME <u>Jonathon Key</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jonathon Key</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Caskey</u>		14. NAME OF HUSBAND OR WIFE <u>Rosana Sallee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Cash, Lexington, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic nephritis</u> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ (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 <u>5/22/54</u>, 19<u>54</u>, to <u>5/28/54</u>, 19<u>54</u>, that I last saw the deceased alive on <u>5/28/54</u>, 19<u>54</u>, and that death occurred at <u>12:35 Pm.</u>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ben H. Brasher, M.D.</u>			23b. ADDRESS <u>Lexington, Mo.</u>		
23c. DATE SIGNED <u>8/3/54</u>					
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	
24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>8-4-54</u>		REGISTRAR'S SIGNATURE <u>Thomas E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. ...</u>	

Book

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 *J. W. McLean*

Licensed Embalmer No. *2983*

P. O. Address *Lemington, Missouri*

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.