

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24160**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **224**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		e. STREET ADDRESS (If rural, give location) 094/0	

3. NAME OF DECEASED (Type or Print)	a. (First) Everett	b. (Middle) Monroe	c. (Last) Keaton	4. DATE OF DEATH (Month) (Day) (Year) July 22, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 26, 1902	9. AGE (In years) (Days) (Hours) (Min.) 52 2 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY garage Mechanic	11. BIRTHPLACE (City and State or Foreign Country) Dixon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Keaton	13b. MOTHER'S MAIDEN NAME Fannie Laury	14. NAME OF HUSBAND OR WIFE Alice Hopkins Keaton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 486-28-5287	17. INFORMANT'S SIGNATURE OR NAME Alice Keaton	ADDRESS Farmington, Mo.
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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, asthma, 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) Pulmonary Edema		12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Embolus DUE TO (c) Cerebral Thrombosis - Ant. Sp. Artery, 6 weeks.		10 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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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?
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22. I hereby certify that I attended the deceased from **June 8, 1954**, to **July 22, 1954**, that I last saw the deceased alive on **July 21, 1954**, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Geo. K. Walters, M.D.	(Degree or title) M.D.	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 7-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial	24d. LOCATION (City, town, or county) (State) St. Francois Co., Mo.
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DATE REC'D BY LOCAL REG. July 27, 1954	REGISTRAR'S SIGNATURE Catherine Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Cozann	ADDRESS Farmington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1955

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.....
C. H. Cozear

Licensed Embalmer No. *4084*
P. O. Address *Farmington,*

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.