No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28599

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No. _____

0870

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

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Center Township)
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): R.F.D. Center, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN: Center, Mo. R.F.D.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rural (Center Township) 0870

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): E.
c. (Last): Keithly

4. DATE OF DEATH (Month) (Day) (Year): Aug. 21, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 8-13-1889
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days: 8 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Afton, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hesica Stuller
13b. MOTHER'S MAIDEN NAME: Mary Bolack
14. NAME OF HUSBAND OR WIFE: Jacob C. Keithley

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 / ADDRESS: Mildred Keithley Center, Mo.

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): Myocarditis (Acute) — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Severe Arthritis involving every joint — 25 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 4222
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* Sept. 12, 1935, *to* Aug. 21, 1954 *that I last saw the deceased alive on* Aug. 20, 1954 *and that death occurred at* 2:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Brooks D.O.
23b. ADDRESS: Center, Missouri.
23c. DATE SIGNED: 8-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 23, 1954
24c. NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Center, Missouri.

DATE REC'D BY LOCAL REG.: 8/24/1954
REGISTRAR'S SIGNATURE: Clyde L. Willey 267-0
25. FUNERAL DIRECTOR'S SIGNATURE: Couch & Willey
ADDRESS: Cemter, Missouri

(Licensed Embalmer's Statement on Reverse Side)

NOV 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Alyde C. Wieba

Licensed Embalmer No...3820

P. O. Address....Perry, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.