

FILED OCT 5 1954

STANDARD CERTIFICATE OF DEATH

30040
State File No. 155

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 155

0191
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i>	
b. CITY OR TOWN <i>Harrisonville</i>	c. LENGTH OF STAY (in this place) <i>1 week</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Latour, (rural)</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>0190</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Proctor</i> b. (Middle) <i>Albert</i> c. (Last) <i>Keyton</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 28-1954</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 19-1892</i>		9. AGE (In years last birthday) <i>62</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Strasburg Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Benjamin F. Keyton</i>	13b. MOTHER'S MAIDEN NAME <i>Lottie Ann Singleton</i>	14. NAME OF HUSBAND OR WIFE <i>Florence Keyton</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>x</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Franklin Keyton</i> ADDRESS <i>Latour Mo.</i>

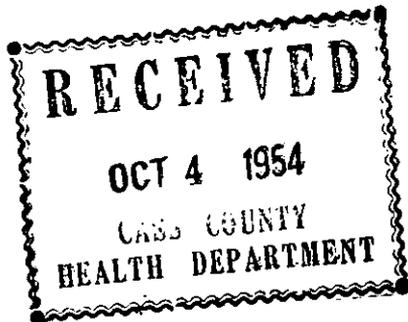
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CARCINOMA METASTATIC LIVER</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>PRIMARY ADENOCARCINOMA RECTUM</i>		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
	DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs.</i>

19a. DATE OF OPERATION <i>Aug 1952</i>	19b. MAJOR FINDINGS OF OPERATION <i>ADENOCARCINOMA RECTUM</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>154 X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 *Aug. 1952* to *28 Sept. 1954*, that I last saw the deceased alive on *28 Sept. 1954*, and that death occurred at *11:17 m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. Gargel MD</i> (Type or Print)	23b. ADDRESS <i>Harrisonville Mo</i>	23c. DATE SIGNED <i>28 Sept 1954</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 30 54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Strasburg Cem</i>
	24d. LOCATION (City, town, or county) (State) <i>Strasburg, Cass, Mo</i>	

DATE REC'D BY LOCAL REG. <i>Sept 30, 1954</i>	REGISTRAR'S SIGNATURE <i>Nora Barriand</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>A. O. Stabler</i> ADDRESS <i>East Lyme, Mo.</i>
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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 A. D. Wartzler

Licensed Embalmer No. 2717

P. O. Address East Lyone, Ill.

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.