

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36536**

FILED DEC 13 1954

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 333		
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 63 North				STREET ADDRESS (If rural, give location) 2648 St. Vincent				
3. NAME OF DECEASED (Type or Print) IRA			a. (First)		b. (Middle)		c. (Last) KEELY	
4. DATE OF DEATH Dec. 7, 1954		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 17, 1877		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Employee		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Farmington, Iowa		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia Dozier, St. Louis, Mo.				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Injury		INTERVAL BETWEEN ONSET AND DEATH immediate		II. OTHER SIGNIFICANT CONDITIONS		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
ANTECEDENT CAUSES		DUE TO (b) Fractured skull		DUE TO (c)		Conditions contributing to the death but not related to the disease or condition causing death. Fracture left leg below knee		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E 8:00 26		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 63 North		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 7 54 12³⁰ p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2 car collision				
22. I hereby certify that I attended the deceased from 12/7/54 , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Henry Sweets J.M.D. Coroner				23b. ADDRESS Columbia Mo		23c. DATE SIGNED 12/7/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 8, 1954		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		
DATE REC'D BY LOCAL REG. Dec 8 1954		REGISTRAR'S SIGNATURE Mrs. R & E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parcer Funeral Service, Columbia, Mo.		ADDRESS		

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

SEP 29 1955

DEC 22 1955

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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..... Signature of Student Embalmer

Signed [Signature] Licensed Embalmer No. 38

P. O. Address [Address]

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.