

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38925**
Registrar's No. **10371**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Mokane	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 BARNES HOSPITAL		STREET ADDRESS (If rural, give location) Rural Route 0140	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Melvin c. (Last) Kezer			4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 17, 1905		9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Saskatchewan, Canada		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edmund M. Kezer		13b. MOTHER'S MAIDEN NAME Nannie Boyd		14. NAME OF HUSBAND OR WIFE Grace Kezer	
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 Grace Kezer, Mokane, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancytopenia		DUE TO (b) Histiocytic Medullary Reticulocytosis			6 mos.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Staphylococcus; Septicemia					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 202.1	
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 **10/29**, 19**54**, to **11/12**, 19**54**, that I last saw the deceased alive on **11/12**, 19**54**, and that death occurred at **10:45 P.**, from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. ...</i> (Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 11/13/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-		24b. DATE 11/14/54	24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton Mo

DATE REC'D BY LOCAL REG. NOV 15 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington ADDRESS			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John S. Pennington*

Licensed Embalmer No. *4167*

P. O. Address *St. Louis*

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.