

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3786

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY _____				
b. CITY OR TOWN <u>SAVANNAH</u>		c. LENGTH OF STAY (in this place) <u>20 DAYS</u>		c. CITY OR TOWN <u>PARSON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Nichola Sanitorium</u>				f. STREET ADDRESS (If rural, give location) <u>81508</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Aland</u> c. (Last) <u>Key</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1955</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-9-1894</u>		
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 12 HOURS <u>5</u>		IF UNDER 12 MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Newton Key</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Key</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rebecca Key PARSON KANS</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage</u> DUE TO (c) <u>Cancer</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>10 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input 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) _____				
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 <u>Oct 3, 1954</u> , to <u>Feb 14, 1955</u> , that I last saw the deceased alive on <u>Feb 14, 1955</u> , and that death occurred at <u>11:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Thos. R. Lewis M.D.</u>				23b. ADDRESS <u>Savannah, Missouri</u>		23c. DATE SIGNED <u>Feb 15, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>PARSONS KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>9-75-55</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home SAVANNAH MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1 AUG 20 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 *E. C. Bree*.....

Licensed Embalmer No. *26.5*

P. O. Address *Sussex*.....

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