

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19177

State File No.

FILED JUL 12 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ALBA - MINERAL TWP.</u>		c. CITY OR TOWN <u>ALBA</u>	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 <u>ALBA</u>		e. STREET ADDRESS (If rural, give location) <u>NONE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>NORTON</u>	c. (Last) <u>KEYSER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3 1955</u>
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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>AUGUST 31, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WEEK Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD EMPLOYEE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SOUTH WEST R.R. CO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHRISTIAN CO KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>BENJAMIAN F KEYSER</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA E SULLIVAN</u>	14. NAME OF HUSBAND OR WIFE <u>WINNIE MAY KEYSER</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WINNIE MAY KEYSER</u>	ADDRESS <u>ALBA MISSOURI</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>		yrs.
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Alba-MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/10 1955 to 7/3 1955, that I last saw the deceased alive on 7/3 1955 and that death occurred at 3:50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Keyser, D.O.</u>	23b. ADDRESS <u>Alba-MO</u>	23c. DATE SIGNED <u>7-5-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>JULY 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FRIENDS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PURCELL MO</u>
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DATE REC'D BY LOCAL REG. <u>7-6-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u>	ADDRESS <u>WEBB CITY, MO</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUL 19 1955

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 *Richard Gray*

Licensed Embalmer No. *446*

P. O. Address *Webb*

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.