

FILED AUG 25 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25027

State File No.

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pike		c. CITY OR TOWN Bell City	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 at home		e. STREET ADDRESS (If rural, give location) Route # 1	

3. NAME OF DECEASED (Type or Print)	a. (First) LOUIS	b. (Middle) ISAIAH	c. (Last) KEITH	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 7 Days 11	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY crop farming	11. BIRTHPLACE (City and State or Foreign Country) Swinton, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Wm. Keith	13b. MOTHER'S MAIDEN NAME Alice Finley	14. NAME OF HUSBAND OR WIFE Mrs. Emma Keith
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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) Yes. - - W. W. I	16. SOCIAL SECURITY NO. 494-05-2644	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Keith	ADDRESS Bell City, Mo. R. # 1
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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)
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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?
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22. I hereby certify that I attended the deceased from 7-5 1955, to 7-18, 1955, that I last saw the deceased alive on 7-18, 1955, and that death occurred at 7:30p. m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Jarvis M.D.	(Degree or title)	23b. ADDRESS Northside Mo.	23c. DATE SIGNED 7-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 21-55	24c. NAME OF CEMETERY OR CREMATORY Liberty Hill cemetery	24d. LOCATION (City, town, or county) (State) Stoddard co. Mo.
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DATE REC'D BY LOCAL REG. July 26, 1955	REGISTRAR'S SIGNATURE Bernice Moore	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.	ADDRESS Blomfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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, & by Lulu Cooper # 3499, Student Embalmer No. 4119 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lulu Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.