

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25219

State File No.

FILED AUG 17 1955

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Mexico	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Mexico	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 321 W. Promenade		STREET ADDRESS (If rural, give location) 321 W. Promenade	

3. NAME OF DECEASED (Type or Print) a. (First) Edward	b. (Middle)	c. (Last) Keith	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept. 27, 1888	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 66
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired firebrick worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George B. Keith	13b. MOTHER'S MAIDEN NAME Emmaretta Hardwick	14. NAME OF HUSBAND OR WIFE Never married
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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 World War I	16. SOCIAL SECURITY NO. 495-12-3027	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geneva Bentley	ADDRESS Springfield Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner's investigation with out-Jury. The deceased was found dead in his room		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES unattended by a physician. No indications of violence or foul play. All evidence and indications show death was due to a heart condition probably		
	II. OTHER SIGNIFICANT CONDITIONS myocarditis. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico Audrain Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **Coroner's Investigation**, 1955, that I last saw the deceased **DIED Aug 10, 1955**, and that death occurred at **9 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) S. C. Adams, M.D. Coroner	23b. ADDRESS Mexico Audrain Missouri	23c. DATE SIGNED 8-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-13-55	24c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial	24d. LOCATION (City, town, or county) (State) AUDRAIN Co., Mo.
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DATE REC'D BY LOCAL REG. Aug-11-1955	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ARNOLD FUNERAL HOME	ADDRESS Mexico Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 17 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.....
Oliver Bruse

Licensed Embalmer No. 35

P. O. Address *Muskegon*

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.