

FILED DEC 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla, Mo.</u> c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY OR TOWN <u>Rural -</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>Phelps Co. Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>No. 07 St James</u>			

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Sherman</u> c. (Last) <u>Keasling</u>	4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>18.</u> (Year) <u>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>Jun. 13, 1894</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Jacob Keasling</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Broccard</u>	14. NAME OF HUSBAND OR WIFE <u>Essie Keasling</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>4</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>491-24-0734</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Essie Keasling - St James, Mo.</u> ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>260X</u>		

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 8/23, 1955, to Nov 18, 1955, that I last saw the deceased alive on 8/24, 1955, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Myers MD</u> (Degree or title)	23b. ADDRESS <u>Rolla, Mo.</u>	23c. DATE SIGNED <u>11/22/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Phelps Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 25, 1955</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orval E. Lieblidew - St James Mo.</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 267

Date Filed NOV 30 1955

NOV 2 1956

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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Orrel E. Licklin

Licensed Embalmer No. 361

P. O. Address St. Joe

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.