

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. 10994
Registrar's No. 10994

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Missouri</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>12. 5351 Delmar</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Gaylord</u> b. (Middle) <u>W.</u> c. (Last) <u>Keith</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-1955</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>May 17, 1877</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hartville, Missouri.</u> | |
| 13a. FATHER'S NAME <u>Andy Keith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Betty King</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</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. | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Masonic Home of Mo. 531 Delmar Blvd Lewis C. Robertson, Supt.</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDIAL INFARCTION.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> | | <u>5 YEARS</u> | |
| DUE TO (c) <u>ARTERIOGLOMERULOSIS, GENERALIZED</u> | | <u>10 YEARS</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIAC DECOMPENSATION</u> | | <u>1 YEAR</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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>6-1-</u> , 19 <u>55</u> , to <u>12-14-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-14-</u> , 19 <u>55</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert A. Hall M.D.</u> | | 23b. ADDRESS <u>3902 LAFAYETTE ST. LOUIS, Mo.</u> | |
| 23c. DATE SIGNED <u>DEC. 15, 1955</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12-14-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mountain Grove, Mo.</u> | |
| 24d. LOCATION (City, town, or county) (State) | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u> | | |
| DATE REC'D BY LOCAL REG. <u>DEC 15 1955</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | | |

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Penbley

Licensed Embalmer No. 3653

P. O. Address St Louis 8 Mo

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 this body is not embalmed, fact should be so stated above.