

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2394

State File No. ....

FILED FEB 8 1956

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. ....		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY - OR TOWN <u>Clark</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>McCormick Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Linar</u> b. (Middle) <u>Larkin</u> c. (Last) <u>Keyton</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>24</u> (Year) <u>1956</u>				
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>1 - 6 - 1900</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Nathan Keyton</u>			13b. MOTHER'S MAIDEN NAME <u>Georgia Ann White</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Lee Keyton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-40-1911</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Keyton, Clark, Mo.</u>		ADDRESS <u>R. 3</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertensive heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>7 days</u> <u>year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>443x</u>					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) (Min.)		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>Jan 18, 1956</u> , to <u>Jan 24, 1956</u> , that I last saw the deceased alive on <u>Jan 24, 1956</u> , and that death occurred at <u>4:26 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. McCormick D.O.</u>				23b. ADDRESS <u>2300 1/2 Reed St. Moberly Mo</u>		23c. DATE SIGNED <u>1-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Percha Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-26-56</u>		REGISTRAR'S SIGNATURE <u>Edith Howe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill E. Meador</u>		ADDRESS <u>Surgeon Mo</u>	

FEB 8 1956

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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 *Bill J. Mendora*.....

Licensed Embalmer No. *487*

P. O. Address *Sturgeon*.....

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.