

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

161622

STATE FILE NUMBER

30152-56 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>El Dorado Springs</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hosp.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>RT. 5.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>FRANKIE</u> Middle <u>LYNN</u> Last <u>KEITH</u>			4. DATE OF DEATH <u>May 21 - 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 21, 1956</u>	9. AGE (In years last birthday) <u>0</u>	10. UNDER 1 YEAR <u>0</u> Months <u>0</u> Days <u>0</u> Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state & country) <u>Clinton, Mo.</u>	
13. FATHER'S NAME <u>Raymond Keith</u>			14. MOTHER'S MAIDEN NAME <u>Genevieve Chambers</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Raymond Keith</u> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>malnutrition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>placenta previa abruptio</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>7610</u>				INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>5-21-56</u> to <u>5-21-56</u> and last saw her alive on <u>5-21-56</u> Death occurred at <u>10 A M</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. J. Powell</u> (Degree or title) <u>Doc 2</u>		22b. ADDRESS <u>Clinton Mo</u>		22c. DATE SIGNED <u>5/24/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-22-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Love</u>	
23d. LOCATION (City, town, or county) <u>El Dorado Springs, Mo.</u>		23e. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		23f. DATE RECD. BY LOCAL REG. <u>5-28-56</u>	
24. FUNERAL DIRECTOR <u>Loimn Carothers</u> ADDRESS <u>El Dorado Springs, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-28-56</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

discussed in Part I must be causally related. Coroner cannot certify

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

Student.....  
Signature of Student Embalmer

Signed..... *Max W. Sucke*

Licensed Embalmer No. *4*

P. O. Address *El Dorado*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.