

FILED JUN 26 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22591**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6224** Registrar's No. **138**

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - CENTER TOWNSHIP		c. LENGTH OF STAY (in this place) 48 YRS	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #3 NEVADA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R.R. #3 NEVADA	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) GRANT	c. (Last) KEYSER	4. DATE OF DEATH (Month) (Day) (Year) JUNE 15, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 29, 1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) RAGGLESVILLE, IND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DANIEL KEYSER	13b. MOTHER'S MAIDEN NAME SUZANNA OVERHOLT	14. NAME OF HUSBAND OR WIFE JULIA ANN KEYSER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS STANTON MABRY	ADDRESS NEVADA, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency		INTERVAL BETWEEN ONSET AND DEATH 10 Wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		?
	DUE TO (c) Sexuality		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 4221
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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 **6-15**, 19**56**, to **6-15**, 19**56**, that I last saw the deceased alive on **6-15**, 19**56**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.L. Martin	23b. ADDRESS W.D. Nevada 218 E Hunter	23c. DATE SIGNED 6-16-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-56	24c. NAME OF CEMETERY OR CREMATORY MOORE CEMETERY	24d. LOCATION (City, town, or county) (State) NEVADA, MO.
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DATE REC'D BY LOCAL REG. 6-23-56	REGISTRAR'S SIGNATURE Anna J. Gerry	25. FUNERAL DIRECTOR'S SIGNATURE SHORTEN FUNERAL HOME	ADDRESS NEVADA, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

451

101 1/2 E CHEVY

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 *Lawrence O. Gustin*

Licensed Embalmer No. ... 4279 ...

P. O. Address ... Nevada, ...

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.