

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

36812

FILED OCT 22 1956

BIRTH NO.

REG. DIST. NO. 359

PRIMARY REG. DIST. NO. 6217

Registrar's No. 21

## 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 OR TOWN (If outside corporate limits, write RURAL and give township)

Rural Badger

c. LENGTH OF STAY (in this place)

7 years

c. CITY OR TOWN

Nevada

d. Is Residence within limits of a city or incorporated town? Yes  No 

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Route # 3 Oat Home.

e. STREET ADDRESS (If rural, give location)

Route # 3 1080

## 3. NAME OF DECEASED

a. (First)

MARGARET

b. (Middle)

VIOLA

c. (Last)

KEITHLY

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

Oct. 7 1956

## 5. SEX

F

## 6. COLOR OR RACE

Wh

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

## 8. DATE OF BIRTH

June 17 1889

## 9. AGE (In years last birthday)

67

IF UNDER 1 YEAR

Months

IF UNDER 4 HRS.

Days

Hours

Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and State or Foreign Country)

Williamport, Ind.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Frank R. Baxter

13b. MOTHER'S MAIDEN NAME

Mary Mathias

14. NAME OF HUSBAND OR WIFE

Alvin Newton Keithly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Alvin Newton Keithly, Nevada 6855

## 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.

## MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Undifferentiated Carcinoma of Thyroid

## INTERVAL BETWEEN ONSET AND DEATH

7 months

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

6/23/56

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of Thyroid

194x

## 20. AUTOPSY?

YES  NO 

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Oct 7, 1956, that I last saw the deceased alive on Sept 25, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Kay W. Kessner M.D.

23b. ADDRESS

Nevada Mo.

23c. DATE SIGNED

10/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

1956 October 9

24c. NAME OF CEMETERY OR CREMATORY

Sandstone Cemetery

24d. LOCATION (City, town, or county)

Vernon County Missouri

DATE REC'D BY LOCAL REG

Oct 15, 1956

REGISTRAR'S SIGNATURE

Mrs. Ruth Faith

25. FUNERAL DIRECTOR'S SIGNATURE

Ferry Funeral Home Nevada, Mo.

ADDRESS

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

330

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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 *L. Stephen Ferry*.....

Licensed Embalmer No. *490*.....

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.