

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **582**
Registrar's No. **7**

FILED JAN 23 1957

BIRTH MO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5219**

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill (Camp Br. Twp.)		c. CITY OR TOWN Pleasant Hill (Camp Branch Twp.)	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 R.F.D.1 Camp Branch Twp.		e. STREET ADDRESS (If rural, give location) R.F.D.1 Camp Branch Twp.	

3. NAME OF DECEASED (Type or Print)	a. (First) Manoah	b. (Middle) C.	c. (Last) Keyton	4. DATE OF DEATH (Month) (Day) (Year)	Jan. 8, 1957
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin F. Keyton	13b. MOTHER'S MAIDEN NAME Lottie Ann Singleton	14. NAME OF HUSBAND OR WIFE Mrs. Maye D. Keyton
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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. Maye D. Keyton	ADDRESS Pleasant Hill, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		4 m.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous coronary infarct Sept 1956			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **16 Mar 1957**, to **1-8-**, 19**57**, that I last saw the deceased alive on **26 Dec**, 19**56**, and that death occurred at **3:40 P.** m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Klum MD	(Degree or title) MD	23b. ADDRESS Pleasant Hill, Mo	23c. DATE SIGNED 1-10-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/10/57	24c. NAME OF CEMETERY OR CREMATORY Strasburg Cemetery	24d. LOCATION (City, town, or county) (State) Strasburg, Missouri
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DATE REC'D BY LOCAL REG. 1-15-57	REGISTRAR'S SIGNATURE Pauline Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Brownfield-Stanley	ADDRESS Pleasant Hill, Mo.
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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 *Carl M. Keeny*

Licensed Embalmer No. *3517*

P. O. Address *Pleasant H.*

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.