

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5520**

FILED FEB 18 1957

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal	c. LENGTH OF STAY (in this place) 1 WK	c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		e. STREET ADDRESS (If rural, give location) 712 N Section	

3. NAME OF DECEASED (Type or Print)	a. (First) Rose	b. (Middle) Mae	c. (Last) Keith	4. DATE OF DEATH (Month) (Day) (Year) 2 - 6 - 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-1-1886	9. AGE (to years last birthday) 71	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) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Columbus Junction, Ia.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Samuel Edmondson	13b. MOTHER'S MAIDEN NAME Annis Bobo	14. NAME OF HUSBAND OR WIFE Louis Keith (D)
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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 <i>Louis Keith</i>	ADDRESS Hannibal, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Disease		
	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) 355x
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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?
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22. I hereby certify that I attended the deceased from **1/27/57**, 19**57**, to **2/6/57**, 19**57**, that I last saw the deceased alive on **2/6/57**, 19**57**, and that death occurred at **5:00P** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert Fleming, Jr.</i>	(Degree or title)	23b. ADDRESS 504 B & L Building, Hannibal, Mo	23c. DATE SIGNED 2/11/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-8-1957	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.
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DATE REC'D BY LOCAL REG. 2-12-57	REGISTRAR'S SIGNATURE <i>Dr. Em Luck</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kayser Clark</i>	ADDRESS Hannibal, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

189-0

RECEIVED FEB 14 1957
MARION CO. HEALTH DEPT.,
DATE FILED FEB 14 1957

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.....

Licensed Embalmer No...4217.....

P. O. Address...Hannibal,..Mo

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.