

FILED FEB 26 1957

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

7303

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Merada</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Neosho</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3 15 mi SW</u>			Length of stay in lb. <u>5 mo</u>	d. STREET ADDRESS (If outside, give location) <u>Route 4</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Amos</u> Middle <u>—</u> Last <u>Lester</u>				4. DATE OF DEATH Month <u>Febr</u> Day <u>22</u> Year <u>1957</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 1, 1901</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u> IF UNDER 24 HRS Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Spurgeon, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Hugh Keeler</u>				14. MOTHER'S MAIDEN NAME <u>Loetic May St. Pritch</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, please specify) (If yes, give year or dates of service) <u>yes 1920-5 Nov 1923</u>			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Hospital records - Neosho, Mo</u>		
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>Cardiac Dilatation - Acute</u> DUE TO (b) <u>Syphilitic Meningo Encephalitis</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Psychosis</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.) <u>—</u>				
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>							
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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>	STATE <u>—</u>
21. I attended the deceased from <u>March 1, 1956</u> to <u>Feb 23, 1957</u> and last saw her alive on <u>Feb 21, 1957</u> . Death occurred at <u>Am on</u> as stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. C. Bradley, M.D. State Hospital #3, Merada, Mo</u>				22b. ADDRESS <u>—</u>		22c. DATE SIGNED <u>2-23-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>2-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GALENA</u>		23d. LOCATION (City, town, or county) (State) <u>GALENA KANS</u>		
24. FUNERAL DIRECTOR <u>STEVE PARKER, JOPLIN MO</u>			25. DATE RECD. BY LOCAL REG. <u>2-23-1957</u>		26. REGISTRAR'S SIGNATURE <u>Ormal &amp; Perry</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

---

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 *F. M. Jones*.....

Licensed Embalmer No. *23*.....

P. O. Address *Jap. Ins.*.....

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.