

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY **Clay**
b. CITY (If outside corporate limits, write RURAL and give town) **Excelsior Springs**
c. LENGTH OF STAY (in this place) **7 Days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Excelsior Spgs. Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **Ray**
c. CITY OR TOWN **Richmond Mo.**
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) **R.R.# 2 Rural 2890**

3. NAME OF DECEASED (Type or Print)
a. (First) **JOHN** b. (Middle) **BENJAMIN** c. (Last) **KEEL**

4. DATE OF DEATH (Month) (Day) (Year)
Aug 4 1957

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Aug 3 1908**

9. AGE (In years last birthday) **49**
IF UNDER 1 YEAR Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and State or Foreign Country) **Richmond Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Milo Keel**

13b. MOTHER'S MAIDEN NAME **Mrs Maude Hutchins**

14. NAME OF HUSBAND OR WIFE **Mrs Judy Keel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **496-03-5705**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Judy Keel - Excelsior Spgs Mo.**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Intestinal obstruction**
ANTECEDENT CAUSES
DUE TO (b) **Valvulosis of jejunum.**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **lobar pneumonia**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **8-2-57**

19b. MAJOR FINDINGS OF OPERATION **Intestinal obstruction 5703**

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 **7-26**, 1957, to **8-4**, 1957, that I last saw the deceased alive on **8-4**, 1957, and that death occurred at **8:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George E. Sanders M.D.**

23b. ADDRESS **Excelsior Springs, Missouri**

23c. DATE SIGNED **8/5/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Aug 6 1957**

24c. NAME OF CEMETERY OR CREMATORY **Crown Hill Cemetery**

24d. LOCATION (City, town, or county) (State) **Excelsior Springs Mo.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **8/30/57 Caroline Hutchings**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Virgil Hope Ex-Springs Mo.**

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



MAY 28 1958

OCT 16 1958

NOV 5 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, ~~of~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James A. Moore*.....
Licensed Embalmer No. 3296

P. O. Address Excelsior S

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.