FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31007

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 549

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rt.3, Poplar Bluff Twp
Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) /
Length of stay in 1b 20yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler 0720
c. CITY OR TOWN Poplar Bluff
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Providence Community
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Enoch Middle Caiaphas Last Keeble

4. DATE OF DEATH Month Day Year 8/21/1957.

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH 8/9/1880.
9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months 0 Days 12.
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mininister
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Montgomery Ala. /
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James A. Keeble
13b. MOTHER'S MAIDEN NAME Ellen (unknown)
14. NAME OF HUSBAND OR WIFE Mattie Keeble.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Mattie Keeble, Poplar Bluff Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac
DUE TO (c) Acute Myocarditis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 431x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY- Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. F. Priest. DO2
22b. ADDRESS Poplar Bluff Mo
22c. DATE SIGNED 9/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/25,1957.
23c. NAME OF CEMETERY OR CREMATORY Morocco Cemetary
23d. LOCATION (City, town, or county) Butler Cty. (State) Mo.

24. FUNERAL DIRECTOR Peoples Funeral Home ADDRESS Poplar Bluff Mo.
25. DATE RECD. BY LOCAL REG. 9/12/57
26. REGISTRAR'S SIGNATURE R H Monetree By mm

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
SEP 16 1957

BUTLER CO. HEALTH CENTER

FILE No._____

JAN 11 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.