

Health, Welfare, Public Service, 300, 1-56, 0, 15, 0, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31547

Registration District No. 132 Primary Registration District No. 4202 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Spickard</b>		c. CITY OR TOWN <b>Spickard</b>	
c. FULL NAME OF (If NOT in hospital, give location) INSITUATION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Ellen</b> Last <b>Keith</b>			4. DATE OF DEATH <b>Sept. 11 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 28 1872</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Grundy Co. Mo.</b>	
13. FATHER'S NAME <b>Nathan King</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>		
17. INFORMANT <b>Henry Keith Spickard Mo.</b>			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio-Vascular - Renal disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		
19. WAS AUTOPSY PERFORMED? <b>442X</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
20c. TIME OF INJURY Hour <b>10</b> Month <b>10</b> Day <b>10</b> Year <b>1957</b> a. m. p. m.	

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.)	20f. CITY, TOWN, OR LOCATION <b>Trouton Mo</b>	COUNTY <b>Mo</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>Sept 1st 1957</b> to <b>Sept 11th 57</b> and last saw her alive on <b>Sept 10th 1957</b> Death occurred at <b>9:00 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Oliver F. Jeffrey mo</b>		22b. ADDRESS <b>Trouton Mo</b>		22c. DATE SIGNED <b>9/11/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 13 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Spickard Mo. 1957</b>
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24. FUNERAL DIRECTOR <b>Schooler Funeral Home Spickard Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>9/21/57</b>	26. REGISTRAR'S SIGNATURE <b>Drene Fair</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Ross Wise*.....

Licensed Embalmer No. *377*

P. O. Address *Spickard*

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.