FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36913
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Pike
c. CITY OR TOWN Bowling Green — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: John Middle: Daniel Last: Keithley
4. DATE OF DEATH Month: Oct Day: 18 Year: 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sep 28 1880
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 6 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Pike Co. MO
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Keithley
14. MOTHER'S MAIDEN NAME Mary Epping
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes
17. INFORMANT Mrs J. D. Keithley Address Bowling Green 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) Carcinoma of the liver — INTERVAL BETWEEN ONSET AND DEATH 5 months
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) 1561
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Oct. 8 - 1955, to Oct. 19 - 1957 and last saw him alive on Oct. 19 - 1957
Death occurred at 5:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James B. Bass, M.D. (Degree or title)
22b. ADDRESS Bowling Green, Mo.
22c. DATE SIGNED Oct. 25 - 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 28 1957
23c. NAME OF CEMETERY OR CREMATORY Bluntsch
23d. LOCATION (City, town, or county) Pike Co. (State) Mo

24. FUNERAL DIRECTOR Grace Bankhead ADDRESS Bowling Green Mo
25. DATE RECD. BY LOCAL REG. 10-24-57
26. REGISTRAR'S SIGNATURE Bill Robinson

(Licensed Embalmer's Statement on Reverse Side)

t. Health, & Welfare S. Public lth Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

54-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold C. Kirk

Licensed Embalmer No. 45

P. O. Address Bowlin

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