

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010844
State File No.

FILED MAR 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Nodaway</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Marville</u>		a. STATE <u>Iowa</u>		b. COUNTY <u>Taylor</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Bedford</u>		c. CITY OR TOWN <u>Bedford</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Ross Township</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>James</u>	b. (Middle) <u>Summ</u>	c. (Last) <u>Keith</u>	Month <u>March</u>	Day <u>11</u>	Year <u>1958</u>	M <u>M</u>	F <u>F</u>
5. SEX	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby 0</u>	8. DATE OF BIRTH <u>Sept. 17, 1956</u>		9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country)
1	5	0	1		5	Baby	<u>Marville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>James Keith</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Thompson</u>	14. NAME OF HUSBAND OR WIFE -----				
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. -----	17. INFORMANT'S SIGNATURE OR NAME <u>James Keith</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	18. MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitial pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS <u>unable to procure head autopsy. suspect a fulminating meningococcal</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5710</u>						
19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Mar 7, 1958</u> , to <u>Mar 11, 1958</u> , that I last saw the deceased alive on <u>Mar 11, 1958</u> , and that death occurred at <u>4:25 am.</u> , from the causes and on the date stated above.	23a. SIGNATURE <u>E. J. Jones</u>						
23b. ADDRESS <u>Marville Mo</u>	23c. DATE SIGNED <u>3-19-58</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-13-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Bedford, Iowa</u>				
DATE REC'D BY LOCAL REG. <u>2-22-58</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank [unclear]</u>	ADDRESS <u>Bedford</u>				

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

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.....
Frank Switzer

Licensed Embalmer No. *451*

P. O. Address *Bedford*

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.