

Health, & Welfare
Public Service
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S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026566
STATE FILE NUMBER

FILED JUL 31 1958

49205-5A Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Waynesville</u> 08500	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	
3. NAME OF DECEASED (Type or print) First <u>Michael</u> Middle <u>Raymond</u> Last <u>Keisker</u>		4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 21-1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>Waynesville, Missouri</u>
13a. FATHER'S NAME <u>Michael Russell Keisker</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Louise Leisore</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Michael Russell Keisker</u> Address <u>Waynesville Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>congenital atelactasis, premature</u>			INTERVAL BETWEEN ONSET AND DEATH <u>49 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>7625</u>
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? 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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE <u>7625</u>	
21. I attended the deceased from <u>7-21-1958</u> to <u>7-23-58</u> and last saw him alive on <u>7-23-58</u> Death occurred at <u>7:25</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>F. E. Nichols, MD</u> (Name or title) <u>2</u>		22b. ADDRESS <u>Waynesville, Missouri</u>	
22c. DATE SIGNED <u>7-23-1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-23-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>Hedges</u> ADDRESS <u>Hedges Funeral Homes Inc, Waynesville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-23-58</u>	26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarence Moss*

Licensed Embalmer No. *4896*

P. O. Address *Wynnsville, Mo*

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.