

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028900

STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 127

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hospital			Length of stay in 1b 6 hrs		d. STREET ADDRESS (If outside, give location) 920 Kumler St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last JUDITH ARLENE KEITH				4. DATE OF DEATH Month Day Year Aug 11, 1958									
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 13, 1952		9. AGE (In years less birthday) 5		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXX			10b. KIND OF BUSINESS OR INDUSTRY xxx		11. BIRTHPLACE (City and state or country) Jamesport, Davies, mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME John F. Keith				13b. MOTHER'S MAIDEN NAME Ethel Mae Cunningham				14. NAME OF HUSBAND OR WIFE xxxxx					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) xxxxno			16. SOCIAL SECURITY NO. none		17. INFORMANT John F. Keith			Address 920 Kumler, Trenton Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive burns (accidental)								INTERVAL BETWEEN ONSET AND DEATH 5 or 6 hrs					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								9168 40					
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 checked="" 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.) children playing in alley way with fire. This child's clothing caught fire										
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. Aug 11-1958			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) alley-way			20f. CITY, TOWN, OR LOCATION Trenton			COUNTY Grundy			STATE Mo	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING AT WORK <input checked="" type="checkbox"/>			21. I attended the deceased from Aug 11-1958 , to Aug 11-1958 and last saw ^{her} alive on Aug 11-1958 Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE H. Mullers M.D.					22b. ADDRESS Trenton, Mo.			22c. DATE SIGNED 8-13-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Aug 14, 1958		23c. NAME OF CEMETERY OR CREMATORY Resthaven Memorial Gardens, Trenton, Mo.			23d. LOCATION (City, town, or county) (State)						
24. FUNERAL DIRECTOR B. B. States				ADDRESS Trenton, Missouri		25. DATE RECD. BY LOCAL REG. 8-14-58		26. REGISTRAR'S SIGNATURE J. E. J. J.					

Name of Deceased: _____
 Date of Death: _____
 Place of Death: _____
 Name of Embalmer: _____
 License No.: _____
 Date of Embalming: _____
 City and State: _____
 Name of Undertaker: _____
 License No.: _____
 Date of Embalming: _____
 City and State: _____

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 *Donald H. Slater*

Licensed Embalmer No. 4467
 P. O. Address Trenton, 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.