

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037469

STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 113

S. 300
y. 1-57
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1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Mem. Hosp.		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) 108 Grandview Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DORA Middle ELLEN Last KEEL			4. DATE OF DEATH Month October Day 26 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1878		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Rockingham County, Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Van Pelt		13b. MOTHER'S MAIDEN NAME Mary Jane Sprinkle		14. NAME OF HUSBAND OR WIFE Joseph T. Keel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Cramer Mansur, Chillicothe, Mo. 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) Cerebral Vascular Accident		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pneumonia DUE TO (c) Uremia	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		

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. Month, Day, Year _____		

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 Richmond, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from 10-6-58 to 10-26-58 and last saw her/him alive on 10-25-58 Death occurred at 6:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE: Thomas B. Cook, M.D. (Degree or title)		22b. ADDRESS Richmond, Mo.		22c. DATE SIGNED 10/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	23d. LOCATION (City, town, or county), (State) Richmond, Mo. #	

24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. Oct 28 - 1958	26. REGISTRAR'S SIGNATURE Malul Jackson
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 9 1928

RAV

Missouri

RAV

Richmond, Virginia

Richmond

x

x

Ray County, Mo. 2 weeks

JOE GRANDVIEW

x

October 26, 1928

FEEL

WILLIE

ADIA

Feb. 14, 1928

x

white

Female

Rockingham County, Virginia

was born

housewife

Joseph T. Keel

Ray Lane Springs

William Van Wert

Ms. Grandview, Crittendon, Mo.

mons

Mo

MS AUG 10 1928

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 ~~xxxx~~....., Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *Wm. L. Thurmond*.....

Licensed Embalmer No. 4563

P. O. Address. Richmond, 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.

Thomas E. Lee, Richmond, Mo.