

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003914  
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 251

300  
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glendale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Glendale 4651/2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1024 Chelsea		Length of stay in lb 8 yrs	d. STREET ADDRESS (If outside, give location) 1024 Chelsea		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PAUL Middle CHARLES Last KEYES			4. DATE OF DEATH Month Day Year Jan. 26, 1959			
5. SEX Male	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 Sept-5, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret-Switchman		10b. KIND OF BUSINESS OR INDUSTRY M*K*I*R.R.	11. BIRTHPLACE (City and state or country) Rolla, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Luman Keyes		13b. MOTHER'S MAIDEN NAME Clara Dean		14. NAME OF HUSBAND OR WIFE Mary Kay Keyes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war and years of service) Yes Span. Amer. War		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Viola Dolson-1024 Chelsea-Glendale 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) Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive heart disease					1 year	
DUE TO (c) 4201						
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 Month, Day, Year 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
21. I attended the deceased from In 1957, to and last saw her alive on December, 1957 Death occurred at 2 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Lois C. Myatt M.D.			22b. ADDRESS 134 W. Adams		22c. DATE SIGNED 1-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		23d. LOCATION (City, town, or country) (State) Sedalia, Missouri	
24. FUNERAL DIRECTOR Gillespie-Funeral Home-Sedalia, Mo			25. DATE RECD. BY LOCAL REG. 1-27-59	26. REGISTRAR'S SIGNATURE John C. Myatt, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ben E. Holden* .....

Licensed Embalmer No. *436* .....

P. O. Address *St. Louis Co.* .....

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.