

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004491
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 85

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Warsaw</i> 0880
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Univ. Med. Center</i>		Length of stay in lb <i>3 days</i>	d. STREET ADDRESS (If outside, give location) <i>Route 3</i>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>James</i> Middle <i>Blaine</i> Last <i>Keithley</i>			4. DATE OF DEATH Month <i>Feb</i> Day <i>19</i> Year <i>1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>3-18-95</i>	9. AGE (In years last birthday) <i>63</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Fersythye, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>United States</i>		
13a. FATHER'S NAME <i>John F. Keithley</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Seaton</i>		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) <i>Unknown</i>	16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT Address <i>Hospital Records</i>
--	----------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hepatic failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>12 years</i>
DUE TO (b) <i>portal cirrhosis of liver</i>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hemorrhage from gastric ulcer 5810</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 COUNTY STATE
--	--	---

21. I attended the deceased from *2/16/59* to *2/19/59* and last saw *him* alive on *2/19/59*
Death occurred at *8:40 p* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>William H. Wade, M.D.</i>	22b. ADDRESS <i>U. of Mo. Med. Center</i>	22c. DATE SIGNED <i>2/20/59</i>
---	---	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>2-20-59</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>Warsaw Mo</i>
--	--------------------------	------------------------------------	--

24. FUNERAL DIRECTOR ADDRESS <i>Parke Funeral Service Columbia Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Feb 20 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>
---	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JUN 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by, Student Embalmer No.
under my personal supervision.

Student
Signature of Student Embalmer

Signed *George A. Keeby*

Licensed Embalmer No. *4752*

P. O. Address *Baltimore, Md.*

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.