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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014444
STATE FILE NUMBER

FILED APR 22 1959 Registration District No. 290 Primary Registration District No. ______ Registrar's No. 38

1. PLACE OF DEATH a. COUNTY: Pulaski	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Florida b. COUNTY: Santa Rosa
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Roberts — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN: Warrington 9090 9 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Spur of Hwy66, 3/4Mi N main gate, Ft L Wood, Mo — Length of stay in 1b:	d. STREET ADDRESS (If outside, give location): 9 N Runyan St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	D	C	Keys		April	9	1959

5. SEX	6. COLOR OR RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male 2	Negro	NEVER MARRIED ☒	27 Sep 1918	40		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	US Army	Brude, Mississippi 1	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bytha Keys	Rosa Lee (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
Yes	14 yrs	426-14-1831	Bernard S Wysocki	US Army Hosp Ft Leonard Wood, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) methyl alcohol Intoxication - ~~type to be determined by further laboratory studies~~
DUE TO (c) 8808

20b chgd by dr afdvt 5-7-59 jf

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 46

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 4

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 saw the deceased on 9 April 59
Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
H Baruch — H. BARUCH, Capt MC	US Army Hospital Fort Leonard Wood, Missouri	9 Apr 59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	4-10-59	National Cemetery	Pensacola, Florida

24. FUNERAL DIRECTOR / ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
B J Hedges — HEDGES FUNERAL HOMES INC CROCKER MO	4-10-59	Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

...lth, ...elfare ...lic ...vice

...00 ...56 3

VS APR 22 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4

P. O. Address Waynes

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.