

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039741

FILED VS DEC 7 1959

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>GRUNDY</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Trenton</b>			Length of stay in 1b	c. CITY OR TOWN <b>Trenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>118 W 4th St</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>118 W 4th St</b>		
3. NAME OF DECEASED (Type or print) First <b>Tessa</b> Middle <b>Dewey</b> Last <b>Keith</b>				4. DATE OF DEATH Month <b>Nov</b> Day <b>30</b> Year <b>1959</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>June 3, 1899</b>		9. AGE (last birthday) <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TEACHER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>		11. BIRTHPLACE (City and state or country) <b>Grundy Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Richardo Keith</b>			13b. MOTHER'S MAIDEN NAME <b>Charlotte Keith</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Shelby Keith</b>			Address <b>Trenton Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral apoplexy, severe</b> DUE TO (b) <b>Generalized arteriosclerosis with</b> DUE TO (c) <b>hypertension</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>instantly</b> <b>10 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 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		COUNTY STATE		
21. I attended the deceased from <b>Aug. 16, 1948</b> to <b>Nov-30, 1959</b> and last saw her <b>live</b> on <b>Nov-30, 1959</b> Death occurred at <b>5:00 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>C. L. Clark</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>Trenton, Mo.</b>			22c. DATE SIGNED <b>12-1-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>BURIAL</b>		<b>Dec 2, 1959</b>	<b>South EVANS</b>		<b>GRUNDY Co. Mo.</b>			
24. FUNERAL DIRECTOR <b>J. Gordon Blackmae</b> ADDRESS <b>Trenton Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-2-59</b>		26. REGISTRAR'S SIGNATURE <b>Jerome Jaw</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 22 1959

**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 Claude H. Randall Jr.

Licensed Embalmer No. 4986

P. O. Address Trenton, N.J.

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.