

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-002516**

**FILED VS FEB 11 1960**

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 49

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>	Length of stay in 1b <b>1 Day</b>	c. CITY OR TOWN <b>Shelbina</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>South Center St.</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Claudelle</b> Middle <b>(None)</b> Last <b>Keith</b>			4. DATE OF DEATH Month <b>January</b> Day <b>26</b> Year <b>1960</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 1, 1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Shelby County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William T. Swearingen</b>	13b. MOTHER'S MAIDEN NAME <b>Isabell Wood</b>	14. NAME OF HUSBAND OR WIFE <b>Harry Reese Keith</b>
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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>494 20 7248</b>	17. INFORMANT Address <b>Isaac Carlson, Shelbina, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
DUE TO (b) <b>Generalized arteriosclerosis</b>		
DUE TO (c) _____		
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____
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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.) <b>Hannibal Marion Mo.</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1/25/60 to 1/26/60 and last saw her alive on 1/26/60  
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Edward Schiefel M.D.</b>	22b. ADDRESS <b>1209 Broadway, Hannibal, Mo.</b>	22c. DATE SIGNED <b>2/2/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/28/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Shelbina, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Hayes Funeral Home, Shelbina, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2/8/60</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Locke by Lillian M. Hornan</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.