

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUN 21 1960

=60-022699

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 5328 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Liberty Township</u>		Length of stay in <u>1b</u> OR <u>on fishing trip</u>	c. CITY OR TOWN <u>Heasburg, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 Mi. S.W. of Entrance of Missouri &amp; Texas Rivers</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Edward</u> Last <u>Keyes</u>			4. DATE OF DEATH Month <u>June</u> Day <u>19</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-3-1935</u>	9. AGE (last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Albert Hamilton Keyes</u>		13b. MOTHER'S MAIDEN NAME <u>Hilda Elizabeth Campbell</u>		
14. NAME OF HUSBAND OR WIFE <u>Janice Charlotte Halfaker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-38-8394</u>		
17. INFORMANT <u>Hilda E. Keyes, Heasburg, Mo.</u>		17. ADDRESS _____		17. ADDRESS _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>as the jury found that Albert Edward Keyes, accidental death by</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>gun shot wound</u>	
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.) <u>accident occurred while victim was</u>
20c. TIME OF INJURY Hour <u>0:45</u> a.m. Month, Day, Year <u>June 19, 1960</u>	one fishing trip	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Missouri River</u>	20f. CITY, TOWN, OR LOCATION <u>Heasburg</u>	COUNTY <u>Crawford</u>	STATE <u>Mo.</u>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
 Death occurred at 0:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Henry S. Jones</u> (Degree or title)	22b. ADDRESS <u>Stedville MO</u>	22c. DATE SIGNED <u>June 20-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-21-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cross Road Cemetery</u>
23d. LOCATION (City, town, or county) <u>Crawford Co.</u>	23e. STATE <u>Mo.</u>	

24. FUNERAL DIRECTOR <u>Paul J. Hamilton, Cuba, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-20-60</u>	26. REGISTRAR'S SIGNATURE <u>J.P.A. Hamilton</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS JUN 21 1960

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Paul C. Franklin*

Licensed Embalmer No. 3472

P. O. Address Cuba, M

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