

Dr. Walterscheid
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024132

FILED VS JUL 12 1960 292

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R#3, New London, Mo.		c. CITY OR TOWN New London	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) RFD #3	

3. NAME OF DECEASED (Type or print) First Cornelius Middle S. Last Keith			4. DATE OF DEATH Month 6 Day 16 Year 1960		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/30/1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pike Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME George Rason Keith	13b. MOTHER'S MAIDEN NAME Sarah Epperson	14. NAME OF HUSBAND OR WIFE Anna Keith
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Anna Keith, RFD #3,	Address
---	-------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of aneurysm of myocardium		INTERVAL BETWEEN ONSET AND DEATH Instantly	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial anoxia		18mos.
	DUE TO (c) Cardiac decompensation		18 mos.
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 _____ Month, Day, Year _____ 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 Oceann Wave Community, Ralls, Mo.	COUNTY	STATE
--	--	--	--------	-------

21. I attended the deceased from 6/6/60- to 6/16/60 and last saw him alive on 6/16/60
Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS 1209 Broadway, Hannibal, Mo.	22c. DATE SIGNED 6/20/60
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/18/60	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
--	-----------------------------	---	---

24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. 7/11/1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1960

AUG 10 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

J M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.