

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-045155**

FILED VS JAN 5 1961

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 59

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Boone County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>STURGEON CENTRALIA</b>		Length of stay in 1b <b>lifetime</b>		c. CITY OR TOWN <b>Sturgeon</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>Way Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>none</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Annie</b> Middle <b>Keithley</b> Last <b>Keithley</b>				4. DATE OF DEATH Month <b>December</b> Day <b>22</b> Year <b>1960</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Caucasian</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>9/29/1881</b>	9. AGE (last birthday) <b>79</b>	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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>		11. BIRTHPLACE (City and state or country) <b>Sturgeon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>John Stoltz</b>			13b. MOTHER'S MAIDEN NAME <b>Maggie Fuhr</b>			14. NAME OF HUSBAND OR WIFE <b>John P. Keithley</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>John Stoltz</b>		Address <b>Moberly, Mo.</b>			
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) <b>Metastasis generalized</b>							<b>2 months</b>		
DUE TO (b) <b>Adenocarcinoma of the right breast</b>							<b>2 years</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) <b>Surgery Dec. 9, 1958 and Sept. 1, 1960</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>Sept. 27, 1958</b> to <b>Dec. 22, 1960</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Dec. 22, 1960</b> Death occurred at <b>10:40</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>L. Lachance, M.D. L. Lachance, M.D.</b>				22b. ADDRESS <b>Centralia, Missouri</b>			22c. DATE SIGNED <b>12-23-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 24, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Horeb</b>			23d. LOCATION (City, town, or county) (State) <b>Sturgeon, Missouri</b>			
24. FUNERAL DIRECTOR <b>Dale J. Menden</b>			ADDRESS <b>Centralia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 27-1960</b>	26. REGISTRAR'S SIGNATURE <b>Maud Mc Bride</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 6 1961

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Bill J. Meadows

Licensed Embalmer No. 4872

P. O. Address Centerville, Mo.

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

