

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-010076

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 69

AMENDED

FILED MAR 24 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Francois Co.,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Length of stay in lb <b>3 Months</b>	c. CITY OR TOWN <b>Bonne Terre</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Unknown</b>
3. NAME OF DECEASED (Type or print) First <b>NOAH</b> Middle <b>(NMN)</b> Last <b>KEYAY</b>			4. DATE OF DEATH Month <b>March</b> Day <b>15</b> Year <b>1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-19-89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Mines</b>	9. AGE (last birthday) <b>72</b>
11a. BIRTHPLACE (City and state or country) <b>Reynolds, County Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John W. Keay</b>		13b. MOTHER'S MAIDEN NAME <b>Melviney Bowen</b>	14. NAME OF HUSBAND OR WIFE <b>Lilly M. Reese Keay</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>No record</b>	17. INFORMANT <b>Nursing Home records.. Rolla, 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 arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b> yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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>Epilepsy - mental deterioration</b>			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 _____			
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>12-15-60</b> to <b>3-15-61</b> and last saw him alive on <b>3-10-61</b> Death occurred at <b>6:30AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. E. Feind M.D.</b>		22b. ADDRESS <b>Rolla mo</b>	22c. DATE SIGNED <b>3-16-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Mar. 15, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Germania Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Francois Co., Missouri</b>
24. FUNERAL DIRECTOR <b>Boyer &amp; Son Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 16, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>

**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 D. L. W...

Licensed Embalmer No. 3394

P. O. Address Road 1, ...

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.