

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020541
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 134

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUN 20 1961

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Coon Island		Length of stay in 1b 20 years	c. CITY OR TOWN Neelyville- Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. SE Neelyville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Star Route
3. NAME OF DECEASED (Type or print) First MOSES Middle KEETON Last _____		4. DATE OF DEATH May 24, 1961	

5. SEX male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/12/94	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Bunk Keeton	13b. MOTHER'S MAIDEN NAME Malissa Watson	14. NAME OF HUSBAND OR WIFE Deceased
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	17. INFORMANT Eddie Keeton

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH Five days
DUE TO (b) Coronary Artery Disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Hypertensive Heart Disease		?
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 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 1948	COUNTY _____ STATE _____
21. I attended the deceased from 1948 to 24 May 1961 and last saw him alive on 19 Oct 1961 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE [Signature]	Degree or title MD	22b. ADDRESS 321 Oak Poplar Rd, N. Mo.	22c. DATE SIGNED 13 May 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/28/1961	23c. NAME OF CEMETERY OR CREMATORY Neelyville Cemetery	23d. LOCATION (City, town, or county) (State) Neelyville, Missouri
24. FUNERAL DIRECTOR Edwards-Parrent Naylor, Missouri		25. DATE RECD. BY LOCAL REG. 6/16/1961	26. REGISTRAR'S SIGNATURE [Signature]

JUN 21 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 me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene Harriet

Licensed Embalmer No. 4809
P. O. Address Naylor, 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.