ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021046
STATE FILE NUMBER

AMENDED

Registration District No. 132 Primary Registration District No. 4202 Registrar's No. 110

FILED JUN 30 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Spickard — Length of stay in 1b 4 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Spickard — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) P.O.Box 387 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle MILTON Last KEITH
4. DATE OF DEATH Month June Day 22, Year 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH July 8, 1882
9. AGE (last birthday) 78 — 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) laborer
10b. KIND OF BUSINESS OR INDUSTRY railroad
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Francis Keith
13b. MOTHER'S MAIDEN NAME Hannah Ellis
14. NAME OF HUSBAND OR WIFE Lural Keith(Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
17. INFORMANT Address John F. Keith, Spickard, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [illegible] — 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [illegible]
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 18 61, to June 23 61 and last saw him alive on June 18-61
Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] D.O.
22b. ADDRESS [illegible]
22c. DATE SIGNED 6-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 26, 1961
23c. NAME OF CEMETERY OR CREMATORY Resthaven Memorial Gardens
23d. LOCATION (City, town, or county) (State) Grundy Co. Missouri
24. FUNERAL DIRECTOR Donald H Slater — ADDRESS Trenton, Missouri
25. DATE RECD. BY LOCAL REG. 6-24-61
26. REGISTRAR'S SIGNATURE Irene Faw

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1967

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_____ Signed Donald H. Slater

Signature of Student Embalmer

Licensed Embalmer No. 4467

P. O. Address Trenton, Missour

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.