MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

61-026036
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5784 Registrar's No. 22

AMENDED

FILED JUL 24 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: James Bayou Landing — Length of stay in Ib: 1 hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dorena Mo. Ferry — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Tenn b. COUNTY: Obion
c. CITY OR TOWN: Obion Twsp. — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): 4 mi. N. Union City — Reside on Farm: Yes # No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle PAUL Last KEETON

4. DATE OF DEATH: Month July Day 13 Year 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 1 1913
9. AGE (last birthday): 47
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): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (City and state or country): Caledonia Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Nicholas Keeton
13b. MOTHER'S MAIDEN NAME: Lucy Robinson
14. NAME OF HUSBAND OR WIFE: Betty Odum Keeton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 2
17. INFORMANT: Betty Keeton Address: Rt. 2 Union City Tenn

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): Accidental Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Unknown

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 7/13/61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mississippi River
20f. CITY, TOWN OR LOCATION: Dorena, Mo. COUNTY: Hickman STATE: Ky. Ferry Landing near

21. I attended the deceased from after death as Coroner to and last saw her/him alive on
Death occurred at 7/13/61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Elam McMillie (Degree or title): CORONER
22b. ADDRESS: Charleston, Mo
22c. DATE SIGNED: 7-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7-17-61
23c. NAME OF CEMETERY OR CREMATORY: Methodist Cemetery
23d. LOCATION (City, town, or county) (State): Caledonia Missouri.

24. FUNERAL DIRECTOR: McMikle, East Prairie, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: July 20, 1961
26. REGISTRAR'S SIGNATURE: Dora Fitzgibbons

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 1961

JUL 27 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 [signature]

Licensed Embalmer No. 4695

P. O. Address Charleston, 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.