

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033722
STATE FILE NUMBER

AMENDED

Registration District No. 255 Primary Registration District No. 5877 Registrar's No. 19
FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>OREGON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PINEY TOWNSHIP</u>		Length of stay in 1b	c. CITY OR TOWN <u>ALTON PINEY TOWNSHIP</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>HAROLD FLOYD KEY</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 27 1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/10/1910</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>4 17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINERY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROAD MAINTAINANCE</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>W.M. KEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELMOR QUINLEY</u>		14. NAME OF HUSBAND OR WIFE <u>CODE KEY</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES

17. INFORMANT
CODE KEY Address ALTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac, and Respiratory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Malignant tumor of both lungs (undetermined type)

DUE TO (c) Metastatic thru-out body systems

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 <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 COUNTY STATE <u>Alton, Oregon, Missouri</u>

21. I attended the deceased from 7-19-51 to 9-27-61 and last saw him alive on 9-27-61
Death occurred at 4:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Sign or title) <u>Dr. W. M. Carhart D.O.</u>	22b. ADDRESS <u>Alton, Missouri</u>	22c. DATE SIGNED <u>9-28-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-30-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HICKORY GROVE CEM - OREGON COUNTY, MO -</u>	23d. LOCATION (City, town, or county) (State) <u>OREGON COUNTY, MO -</u>
24. FUNERAL DIRECTOR <u>Cohn & Clark</u>	ADDRESS <u>Alton, MO</u>	25. DATE RECD. BY LOCAL REG. <u>9-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>

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

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

NOV 21 1961

OCT 10 1961

MAR 13 1962

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 John D. Clary
Licensed Embalmer No. 4495

P. O. Address Box 398, Alton, 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.