

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040631

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4182 Primary Registration District No. 111 Registrar's No. 27

AMENDED

FILED NOV 22 1961

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

| | | | | | | | |
|--|-------------------------------------|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pacific</u> Length of stay in lb c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> c. CITY OR TOWN <u>Pacific</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle Last <u>Keathley</u> | | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>16</u> Year <u>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>Apr. 17 - 1884 - 77</u> | 9. AGE (last birthday) | 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) <u>billiard parlor operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u> | | 11. BIRTHPLACE (City and state or country) <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Christopher Keathley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Bess</u> | | 14. NAME OF HUSBAND OR WIFE <u>Maggie L. Keathley Mo</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Maggie Keathley Pacific Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CANCER of pancreas metastasizing to the liver</u> DUE TO (b) <u>arteriosclerosis hypertensive heart disease</u> DUE TO (c) <u>ascites -</u> 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 Month, Day, Year a.m. p.m. | | | | | | | |
| 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 <u>Nov 11 - 1961</u> to <u>Nov 16 - 61</u> and last saw him alive on <u>Nov 16 - 61</u> Death occurred at <u>11 - 16 - 61</u> <u>4 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>D. Tucker</u> (Degree or title) <u>MD</u> | | | | 22b. ADDRESS <u>Pacific Mo -</u> | | | |
| 22c. DATE SIGNED <u>Nov. 19 - 61</u> | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>11-19-61</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Pacific</u> | | | |
| 23d. LOCATION (City, town, or county) (State) | | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Mrs John L. Tucker Pacific Mo Mo. 19 - 1961</u> | | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u> | | |

DEC 13 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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union 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.