

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH													
DEPARTMENT OF PUBLIC HEALTH AND WELFARE					288-61-045886 STATE FILE NUMBER								
Registration District No. 294					Primary Registration District No. 6084								
AMENDED					Registrator's No.								
FILED DEC 22 1961													
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
a. COUNTY Randolph					a. STATE Missouri COUNTY Randolph								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higbee				Length of stay in 1b		c. CITY OR TOWN Higbee			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #3, South				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS RFD South			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED					4. DATE OF DEATH								
First Middle Last Mary E. Key					Month Day Year 12/7/61								
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/5/1885		9. AGE (last birthday) 76		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) housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Rand. Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME George Daggs				13b. MOTHER'S MAIDEN NAME Ella Jackson			14. NAME OF HUSBAND OR WIFE William Key						
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. none		17. INFORMANT William Key, Jr. Higbee, Mo. Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <i>Heart failure</i>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic Cardiac Decompensation</i>										2 yrs.			
DUE TO (c) <i>Arteriosclerotic Heart Disease</i>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Congenital bilat. Cystic Kidneys</i>										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 checked="" 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			
21. I attended the deceased from <i>3/13/60</i> to <i>12/7/61</i> and last saw her/him alive on <i>11/20/61</i>										Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert Lawson, M.D.</i>					22b. ADDRESS <i>121 S. Wms. Moberly</i>			22c. DATE SIGNED <i>12/19/61</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/10/61		23c. NAME OF CEMETERY OR CREMATORY Log Chapel Cemetery			23d. LOCATION (City, town, or county) S. of Higbee, Mo. (State)						
24. FUNERAL DIRECTOR ADDRESS Marion E. Million				25. DATE RECD. BY LOCAL REG. Moberly, Mo. 12-10-61		26. REGISTRAR'S SIGNATURE <i>Leah Lawson</i>							

**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 Marion C. Neal

Licensed Embalmer No. 3957

P. O. Address Moberly, Mo.  
Moberly, Miss

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.

*Handwritten notes:*  
10/1/51  
10/1/51  
10/1/51

*Handwritten:* 10/1/51

*Handwritten:* CO / 1/15