

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-007582

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 19

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Briar.</u>		Length of stay in 1b <u>32 years.</u>	c. CITY OR TOWN <u>Briar.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>15 Mi. W. Doniphan. 160.</u>		U.S. Hwy. <u>160.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>15 Mi. W. Doniphan. U.S. Hwy 160.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jasper</u> Middle <u>Marion</u> Last <u>Keel</u>	4. DATE OF DEATH Month <u>Feb.</u> Day <u>11.</u> Year <u>1962.</u>
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</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>Oct. 5, 1885.</u>	9. AGE (last birthday) <u>76.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber buyer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Timber.</u>	11. BIRTHPLACE (City and state or country). <u>Iron County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
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13a. FATHER'S NAME <u>James B. Keel.</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Mayes.</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Keel.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	17. DEPENDANT <u>Ruby Keel. Briar, Missouri.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for the terminal disease condition given in PART I (a)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac, respiratory arrest</u> DUE TO (b) <u>Cerebral vascular accident</u> DUE TO (c) <u>Prior (2) Posterior myocardio-infarctions</u>		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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Briar Ripley Missouri</u>	20f. CITY, TOWN, OR LOCATION <u>Briar Ripley Missouri</u>	20g. COUNTY <u>Ripley</u>	20h. STATE <u>Missouri</u>
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21. I attended the deceased from <u>5-18-51</u> to <u>2-11-62</u> and last saw him <u>live on 2-11-62</u> Death occurred at <u>5:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>[Signature]</u> D.O.	22b. ADDRESS <u>Alton, Missouri</u>	22c. DATE SIGNED <u>2-21-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Feb. 13, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>
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24. FUNERAL DIRECTOR <u>Ray Means. DONIPHAN, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-6-62</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz.</u>
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(Signed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Ray Meams

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.