MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012386

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 120

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0940
2 0945 2
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4 1
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7 0
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12 2-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St Francois

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missoiri b. COUNTY St Francois

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington Mo.-RURAL — Length of stay in 1b

c. CITY OR TOWN Farmington — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Min. Area Hosp. — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 105 McCormick — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Susan Middle Last Keathley

4. DATE OF DEATH Month Mar. Day 18 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/15/79

9. AGE (last birthday) 82 — 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) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Reynolds County Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Parker

13b. MOTHER'S MAIDEN NAME Jerimah Camden

14. NAME OF HUSBAND OR WIFE James Keathley

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address James Keathley Farmington Mo.

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) Sepsis — INTERVAL BETWEEN ONSET AND DEATH 24 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Ischemic Necrosis — 3wk

DUE TO (c) Diabetes Mellitus — yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1954, to March 18, 1962 and last saw her/him alive on 3/18/62

Death occurred at 1:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M Carlos DO

22b. ADDRESS Farmington Mo.

22c. DATE SIGNED 3-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3/21/62

23c. NAME OF CEMETERY OR CREMATORY Masonic

23d. LOCATION (City, town, or county) Bismarck (State) Missouri

24. FUNERAL DIRECTOR C.H.COZEAN ADDRESS FARMINGTON Mo.

25. DATE RECD. BY LOCAL REG. Mar. 20, 1962

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.