

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026728

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1158

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 6 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		Length of stay in lb <u>3 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>		c. CITY OR TOWN <u>Niangra</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>Burge Protestant</u>				Inside Units Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>R. Route</u>				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Martha Elizabeth Keesling</u>						4. DATE OF DEATH Month Day Year <u>July 27, 1962</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/12/1884</u>		9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Wright Co. Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>Marion Perryman</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Bramhall</u>				14. NAME OF HUSBAND OR WIFE <u>Joseph E. Keesling</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. <u>none</u>		17. INFORMANT <u>Charles Keesling Lebanon, Mo.</u>					
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) <u>Acute Pulmonary Edema</u>										<u>2 hrs. 45 min.</u>	
DUE TO (b) <u>Cardiac Arrhythmia, Severe</u>										<u>5 hrs.</u>	
DUE TO (c) <u>1. Rheumatic heart disease</u>										<u>4 days</u>	
DUE TO (c) <u>2. Post op Radical Mastectomy, Rt. - Ca Breast</u>										<u>17 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral vascular accident. 1951</u>										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 checked="" 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>24 July 1962</u> to <u>27 July '62</u> and last saw her alive on <u>27 July 1962</u> Death occurred at <u>11:45P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>W. Kedge M.D.</u>						22b. ADDRESS <u>Springfield, Mo.</u>			22c. DATE SIGNED <u>31 July '62</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/29/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eureka Cemetery near Rader, Mo.</u>				23d. LOCATION (City, town, or county)			
24. FUNERAL DIRECTOR <u>Dorsey M. Howe Lebanon, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-3-62</u>		26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Print  
7-27-62

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 Albert Dale Daniel, Student Embalmer No. 660

working under my personal supervision.

Student Dale Daniel  
Signature of Student Embalmer

Signed Jewell E. Windle

Licensed Embalmer No. 4737

P. O. Address Springfield, 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.