

FILED AUG 22 1956

STANDARD CERTIFICATE OF DEATH

State File No.

27902

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Waynesville</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Iberia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Waynesville General</u>				e. STREET ADDRESS (If rural, give location) <u>Glaize twp</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Andrew</u>		b. (Middle) <u>Jackson</u>		c. (Last) <u>Keeth</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Widowed</u>	
8. DATE OF BIRTH <u>Apr 30, 1866</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Saul Keeth</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Boan</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Keeth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Keeth Iberia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia terminal</u> <u>Metastasis of Carcinoma of Prostate</u> <u>Prostatic hyperplasia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate</u> <u>Enlarged Prostate</u> <u>2-2</u>				INTERVAL BETWEEN ONSET AND DEATH <u>40 hrs.</u> <u>2 yrs.</u> <u>4 yrs.</u> <u>177X</u>	
19a. DATE OF OPERATION <u>1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enlarged Prostate</u>		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug 7, 1956</u> to <u>Aug 7, 1956</u> that I last saw the deceased alive on <u>Aug 11, 1956</u> , and that death occurred at <u>7:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. White M.D.</u>		(Degree or title)		23b. ADDRESS <u>Crocker 116</u>		23c. DATE SIGNED <u>8-14-56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/14/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-14-56</u>		REGISTRAR'S SIGNATURE <u>Paula Grace Anderson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hedges</u>		ADDRESS <u>Hedges Funeral Home Iberia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
8-18-56
Alaska County Health Officer
File Number 105
Date Filed 8-18-56

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.....

Licensed Embalmer No. 426

P. O. Address Sheri, M

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.