

No. 300
10-48

FILED SEP 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32581**

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 59

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Putnam</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Blm</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Blm</u> <u>0860</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>Livonia, Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Millie E</u> b. (Middle) <u>Emoline</u> c. (Last) <u>Keach</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 1952</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u> | |
| 8. DATE OF BIRTH <u>1869-2-21</u> | | 9. AGE (In years, months, days) <u>85</u> <u>7</u> <u>1</u> | | 10. UNDER 1 YEAR IF UNDER 18 HRS. 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 Foreign Country) <u>Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>George West</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maudie Sparks</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elnor Keach</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bolda Rowland Livonia, Mo</u> | |

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|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Brain tumor</u> | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|---|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | 20. 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) | | 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 1951, to Sept 22 1952 that I last saw the deceased alive on Sept 22 1952, and that death occurred at 9-25 pm., from the causes and on the date stated above.

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|---|--|-----------------------------|--|--|--|---|--|
| 23a. SIGNATURE <u>W. D. ...</u> | | (Degree or title) | | 23b. ADDRESS <u>Coatsville, Mo</u> | | 23c. DATE SIGNED <u>09-24-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>9-24-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Glen</u> | | 24d. LOCATION (City, town, or county) (State) <u>County Mo</u> | |

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|--|--|---|--|---|--|---------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>9-27-52</u> | | REGISTRAR'S SIGNATURE <u>Marcell Durbin</u> <u>266</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Hunter</u> | | ADDRESS <u>Unionville Mo</u> | |
|--|--|---|--|---|--|---------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

860
1

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
Student Embalmer

Signed _____

F. O. Husted

Licensed Embalmer No. _____

2975

P. O. Address _____

Unionville

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 this body is not embalmed, fact should be so stated above.