

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11665

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY	
b. CITY OR TOWN CLINTON	c. LENGTH OF STAY (in this place) 2 YRS	c. CITY OR TOWN CLINTON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 502 S. 2nd St.		f. STREET ADDRESS (If rural, give location) 502 So. 2nd St.	

3. NAME OF DECEASED a. (First) MARY b. (Middle) (MOLLIE) c. (Last) KEYS			4. DATE OF DEATH (Month) (Day) (Year) MAY 8 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH AUG. 10, 1861
9. AGE (In years last birthday) 93		10. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN
13a. FATHER'S NAME JOHN HUDSON		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. Keys-Clinton	ADDRESS MO
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		INTERVAL BETWEEN ONSET AND DEATH 2 Hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		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 5-4, 1955, to 5-8, 1955, that I last saw the deceased alive on 5-8, 1955, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. S. Walker M.D.	23b. ADDRESS Clinton Mo.	23c. DATE SIGNED 5-9-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 10, 1955	24c. NAME OF CEMETERY OR CREMATORY BEAR CREEK CEM.
24d. LOCATION (City, town, or county) MONROSE MO. RR		

DATE REC'D BY LOCAL REG. May 10, 55	REGISTRAR'S SIGNATURE Florence Adair	425	25. FUNERAL DIRECTOR'S SIGNATURE W. A. Ranscutt	ADDRESS Clinton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *J. A. Vansant*.....

Licensed Embalmer No. *377*.....

P. O. Address *M. Club*.....

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.