

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1958

STATE FILE NUMBER

88

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Audrain County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Near Middletown Mo</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co Hosp</b> Length of stay in lb <b>1 1/2 Hrs</b>		d. STREET ADDRESS (If outside, give location) <b>none</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Thixton XXX Mc Keller</b>			4. DATE OF DEATH Month Day Year <b>Jan 21 st 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. <del>UNMARRIED</del> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-9-1907</b>
9. AGE (In years last birthday) Months Days Hours Min. <b>50-9-12</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
13a. FATHER'S NAME <b>H. D. Mc Keller</b>		13b. MOTHER'S MAIDEN NAME <b>Effie Canada</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>400-38-5954</b>	17. INFORMANT Address <b>Virgil Mc Keller Montgomery City Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sugarachard. Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertension</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>330X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b> <b>?</b>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <b>Jan 21-58</b> to <b>Jan 21-58</b> and last saw him alive on <b>Jan 21-58</b> Death occurred at <b>11-05</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold Loufare M.D.</b>		22b. ADDRESS <b>Mo</b>	22c. DATE SIGNED <b>1-24-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>I-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Williamsburg Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Williamsburg Mo</b>
24. FUNERAL DIRECTOR <b>Custofkus</b> ADDRESS <b>Montgomery City Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 24-1958</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Reely</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN. 30 1958

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, ~~on~~ on the 22 nd day of Jan 1958, Student Embalmer No. working under my personal supervision.

Student .....  
Signature of Student Embalmer

C. W. Hopkins  
Signed *C. W. Hopkins* .....

Licensed Embalmer No. I487  
Montgomery City Mo.  
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.