

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8066 0040094

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. _____

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0050
2 0050

3 1
4 2
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12 4-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Barry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cassville</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		c. CITY OR TOWN <u>Cassville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>So. Barry Co. Hospital</u>		Length of stay in 1b <u>3 1/2 weeks</u>		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First <u>Sarah</u>		Middle <u>Armanda</u>		Last <u>Keeling</u>		Month <u>10</u> Day <u>19</u> Year <u>66</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>4-20-1884</u>	
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR 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 <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				13a. FATHER'S NAME <u>John Drake</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Hock</u>	
14. NAME OF HUSBAND OR WIFE <u>Sam Keeling (deceased)</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-32-1648 T</u>	
17. INFORMANT <u>Mrs. Rob May (daughter) Purdy, Mo.</u>				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>C. V. A.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>			
DUE TO (b) <u>Arteriosclerosis</u>				Unknown			
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>C.V.A. 9/1/66</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 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>3/31/66</u> to <u>10/19/66</u> and last saw her <u>alive</u> on <u>10/18/66</u>				Death occurred at <u>6:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>[Signature]</u>		22c. DATE SIGNED <u>10/20/66</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-21-66</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Culver's, P. O. Box 266, Cassville, Mo. 65625</u>				25. DATE RECD. BY LOCAL REG. <u>10-22-1966</u>		26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>	

USE BLACK INK OR TYPEWRITER RIBBON

ADDITIONAL

75

Burial permit obtained 10-19-66 B.W.

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.