

Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004372

STATE HEALTH NUMBER

FILED FEB 25 1958

Registration District No. 11

Primary Registration District No. 4022

Registrar's No. 16

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butterfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Butterfield, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home. Length of stay in 1b 3 yrs		d. STREET ADDRESS (If outside, give location) Butterfield, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Margaret Middle Jane Last Keeling			4. DATE OF DEATH Feb 13-1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan-17-1870
9. AGE (In years last birthday) 88		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Anderson Phillips		13b. MOTHER'S MAIDEN NAME Millie Phillips	
14. NAME OF HUSBAND OR WIFE George Keeling		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 Mrs. Missie La Clair - Monett Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardio-vascular Renal syndrome DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Cholecystitis			INTERVAL BETWEEN ONSET AND DEATH 2 hr. 5 years
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 7/31/55 to 2/13/58 and last saw her alive on 1/9/58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Jacob A. Purdy, D.O. (Degree or title) 2		22b. ADDRESS Purdy, Mo.	
22c. DATE SIGNED 2/14/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Feb. 16-1958		23c. NAME OF CEMETERY OR CREMATORY mt Pleasant	
23d. LOCATION (City, town, or county) (State) Barry Co. Missouri		24. FUNERAL DIRECTOR McQueen Funeral Home, Wheaton Mo. ADDRESS _____	
25. DATE RECD. BY LOCAL REG. 2-19-'58		26. REGISTRAR'S SIGNATURE Jeanne Williams	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

HARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 258-43

DATE REC. 2-24-58

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 Paul D. Herbest.....

Licensed Embalmer No. 4576.....
P. O. Address... Cassville, 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.