

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16073

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 4068		Registrar's No. 166	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MOKANE</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MOKANE</u>		d. STREET ADDRESS (If rural, give location) <u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>1140</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>JACOB</u>		c. (Last) <u>Keely</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 1 1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section Foreman RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>CALLAWAY Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section Foreman RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>CALLAWAY Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ISSAC Keely</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE FREY</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE Hensley Keely</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. JOHN J. KEELY MOKANE, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanoma-Carcinoma with anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cancer of st. breast (amp. report)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>July '49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Melanoma carcinoma above</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. 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) (Minute)	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 12 1949</u> to <u>May 16 1950</u> , that I last saw the deceased alive on <u>May 15 1950</u> ; and that death occurred at <u>20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Payne</u>		23b. ADDRESS <u>R#6 Fulton Mo</u>		23c. DATE SIGNED <u>5/16 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 18 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOKANE</u>		24d. LOCATION (City, town, or county) (State) <u>MOKANE MO</u>	
DATE REC'D BY LOCAL REG. <u>May 20-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAUPIN FUNERAL HOME</u>		ADDRESS <u>FULTON, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
40

District File Number _____
District Health Officer No. 9,
RECEIVED MAY 22 1960

JUN 8 1960

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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