

FILED SEP 14 1950

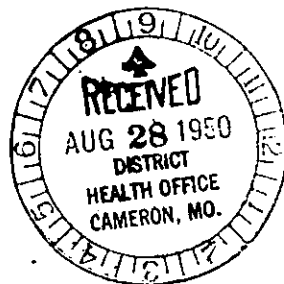
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27902

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

18-90

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henrietta</u>		c. LENGTH OF STAY (in this place) <u>70 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henrietta</u>		<u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>				d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Enner</u> b. (Middle) <u>F.</u> c. (Last) <u>Keel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 11, 1878</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR <u>6</u> MONTHS	IF UNDER 4 Hrs. <u>9</u> Hrs.
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>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Henrietta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Stigall</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>William W. Keel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service): <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William W. Keel, Henrietta, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u></p> <p>ANTECEDENT CAUSES <u>arterio-sclerosis</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arterio-sclerosis</u></p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____</p>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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 <u>Aug 18, 1950</u> to <u>Aug 20, 1950</u> that I last saw the deceased alive on <u>Aug 20, 1950</u> and that death occurred at <u>6:25 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>E. B. Ray M.D.</u> (Degree or title)				23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>8-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 22, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 26-50</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Life Funeral Home</u>		ADDRESS <u>Richmond, Missouri</u>	



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
Student Embalmer

Signed

George L. ...
Licensed Embalmer No. 4527

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.