

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17412

State File No.

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 3052 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Ray</u> <u>0891</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0890</u>	
b. CITY OR TOWN <u>Richmond</u>	c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY OR TOWN <u>Richmond</u>	d. Is Residence within limits of a city (as incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>611 East Lexington</u>		e. STREET ADDRESS (If rural, give location) <u>5 miles north East Richmond</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>FANNY</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Keyes</u>	4. DATE OF DEATH (Month) <u>May</u>	4. DATE OF DEATH (Day) <u>11</u>	4. DATE OF DEATH (Year) <u>1956</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>July 7, 1868</u>	9. AGE (In years) UNDER 1 YEAR last birthday Months <u>87</u> Days <u>10</u> Hours <u>4</u> Min.	
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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 (City and State or Foreign Country) <u>Flemingburg, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William H. Fitch</u>	13b. MOTHER'S MAIDEN NAME <u>Lecksh Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Walter C. Keyes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter C. Keyes, Richmond, Missouri</u>		ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral artery occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		unknown
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 May 10, 1956 to May 11, 1956, that I last saw the deceased alive on May 11, 1956, and that death occurred at 5:40 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. R. Johnson M.D.</u>	23b. ADDRESS <u>Richmond, Mo</u>	23c. DATE SIGNED <u>5/15/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 14, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 17, 1956</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walter C. Keyes</u>	ADDRESS <u>2403 S. L. E. FUNERAL HOME, Richmond, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Thurs. 17th

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 *Joseph J. Hill*

Licensed Embalmer No. 406

P. O. Address *Richmond*

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.