

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1660

State File No.

| | | | | | |
|--|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>164</u> | | PRIMARY REG. DIST. NO. <u>3032</u> Registrar's No. <u>1</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> | | c. LENGTH OF STAY (In this place) <u>2 Months</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u> | | 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 Broad St.</u> | | | d. STREET ADDRESS (If rural, give location) <u>Lincoln</u> | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Mary</u> | b. (Middle) <u>Louisa</u> | c. (Last) <u>Keller</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1949</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Aug. 22 1867</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u> |
| 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 (State or foreign country) <u>McDonald Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Asa Hendon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margarett Chitwood</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Keller</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Stevens</u> | | ADDRESS <u>307 Broad St.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u> | | | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | | | |
| | DUE TO (c) _____ | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>26</u> | | | | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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>Jan 10, 1949</u> , to <u>1-3, 1949</u> , that I last saw the deceased alive on <u>1-3, 1949</u> , and that death occurred at <u>2:00 pm.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>R. Lee Cooper</u> (Degree or title) <u>M. D.</u> | | | 23b. ADDRESS <u>Warrensburg Mo.</u> | | 23c. DATE SIGNED _____ |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 5 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek</u> | 24d. LOCATION (City, town, or county) (State) <u>Benton Co. Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Jan 4, 1949</u> | REGISTRAR'S SIGNATURE <u>Sapunnak</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Greeney Phillips</u> ADDRESS <u>Warrensburg Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

51
2
2

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.

Signed _____

W. Jack Phillips

Signed _____

Student Embalmer

Licensed Embalmer No. *4566*

P. O. Address *Warrensburg, 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.