

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18336

State File No.

BIRTH NO.		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>6153</u> Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City (Rural) Pike</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City (Rural)</u>		0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shady Dell community</u>			d. STREET ADDRESS (If rural, give location) <u>Route 1 Shady Dell Community</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u>		b. (Middle) <u>Ed</u>	c. (Last) <u>McKeller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7, 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Tubalo, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry McKeller</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Willie McKeller</u> <u>Route 1, Bell City, Mo.</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Willie McKeller</u> <u>Route 1, Bell City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</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) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>3-30</u> , 19 <u>49</u> , to <u>3-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>49</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. M. Loomis</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Morehouse, Mo.</u>		23c. DATE SIGNED <u>4-2-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-26-49</u>	REGISTRAR'S SIGNATURE <u>Bessie Moore</u> <u>360</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. D. Sparks</u> <u>Cape Girardeau Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 649-667

Date Filed 6-9-49

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 Frank J. Sparks

Licensed Embalmer No. 3453

P. O. Address Cape Sable

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.