

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9212

BIRTH NO. 15574-50 REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3028 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Route #3 Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosp.		d. STREET ADDRESS (If rural, give location) Route 3	

3. NAME OF DECEASED (Type or Print)	a. (First) Brenda	b. (Middle) Sue	c. (Last) KELLER	4. DATE OF DEATH (Month) (Day) (Year) March 10, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 9, 1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 12 HRS. Days 0	IF UNDER 15 MIN. Min. 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Bobby Ray Keller	13b. MOTHER'S MAIDEN NAME Caroline Lee Spain	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT'S SIGNATURE OR NAME Mr. Bobby R. Keller	ADDRESS Route #3 Carthage, Mo.
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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, athermia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) premature birth		INTERVAL BETWEEN ONSET AND DEATH 19 hrs 7605
	ANTECEDENT CAUSES Morbidity 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. Onset of labor due to premature rupture of membranes		

19a. DATE OF OPERATION none	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) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 9, 1950, to Mar 10, 1950, that I last saw the deceased alive on Mar 10, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood III	23b. ADDRESS Carthage Mo	23c. DATE SIGNED 3/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-12-1950	24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery	24d. LOCATION (City, town, or county) (State) S. E. of Carthage, Mo.
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DATE REC'D BY LOCAL REG. 3/12/1950	REGISTRAR'S SIGNATURE P. B. Clinton M. J. 39	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.
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26. H. Ferguson Licensed Embalmer's Statement on Reverse Side

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

*Handwritten notes:*  
15574-50  
167

RECEIVED 3-20-50.

Jasper County Health Office

County File Number 50-3-165

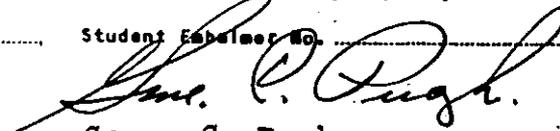
Date Filed 3-20-50

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. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed   
Gene, C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.