

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32737**

FILED OCT 23 1950

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 1144

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Platte Twsp.		c. LENGTH OF STAY (in this place) 1 day	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Quarry, near Frazer		d. STREET ADDRESS (If rural, give location) 1629 1/2 Frederick Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) C c. (Last) Keller			4. DATE OF DEATH (Month) (Day) (Year) October 6, 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 15, 1903
9. AGE (In years last birthday) 47		# UNDER 1 YEAR I	# UNDER 4 HRS. 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Quarry, rock	11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles A. Keller	
13b. MOTHER'S MAIDEN NAME Minnie Taylor		14. NAME OF HUSBAND OR WIFE Hazel M. Keller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW 11	17. INFORMANT'S SIGNATURE OR NAME Hazel M. Keller, St. Joseph, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Man died suddenly while	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death at work as foreman		4501	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION He has not been seriously ill or disabled		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 viewed born on 12/6, 1903 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:33 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE H. F. Mundy, M.D., Coroner (Degree or title)		23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 10/6/50
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 10/8/1950	24c. NAME OF CEMETERY OR CREMATORY Olive Branch	24d. LOCATION (City, town, or county) (State) White Cloud, Kansas
DATE REC'D BY LOCAL REG. Oct 14, 1950	REGISTRAR'S SIGNATURE Carl C. Casup 446	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bauman Funeral Home ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1937

116-15 & 816-10-14

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.....

G.W.

Signed

Ernest Wood

Signed.....

Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 314 1/2 St. Joseph

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.