

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32926**

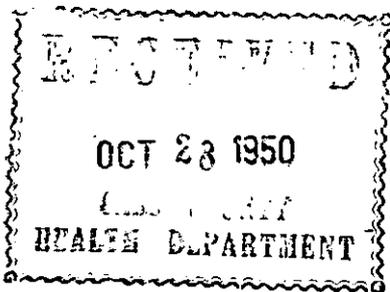
BIRTH NO. _____ REG. DIST. NO. **3** PRIMARY REG. DIST. NO. **5227** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KURAI-TECUMIA Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Peculiar Twp	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) Cass County Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cass County Home		d. STREET ADDRESS (If rural, give location) Cass County Home	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) - c. (Last) KELTNER			4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH unknown 1871
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) none at County Home		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Daniel Keltner		13b. MOTHER'S MAIDEN NAME Mary Heggy	14. NAME OF HUSBAND OR WIFE -
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. NONE	17. INFORMANT'S SIGNATURE OR NAME Chas W. Wigham ADDRESS Peculiar 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, asthma, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUFFOCATION - SMOKE 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.	
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Harrisonville Cass Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 28 1950 6:47 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Building burned while asleep.	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at SA m., from the causes and on the date stated above.			
23a. SIGNATURE O. J. Hargis, MD (Degree or title)		23b. ADDRESS Harrisonville Mo	23c. DATE SIGNED Oct. 28 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct 28-1950	24c. NAME OF CEMETERY OR CREMATORY Peculiar County	24d. LOCATION (City, town, or county) (State) Peculiar Mo.
DATE REC'D BY LOCAL REG. Oct. 28, 1950	REGISTRAR'S SIGNATURE Laura J. Jones	25. FUNERAL DIRECTOR'S SIGNATURE Pennenburgers ADDRESS Harrisonville Mo	

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

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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 _____

B. J. Lindley
Student Embalmer No. *369*

working under my personal supervision.

Student *B. J. Lindley*
Student Embalmer

Signed *Ernest Rummelburger*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville 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.