

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43262BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 2072 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u> <u>0970</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilliam, R.F.D., Cambridge Twp.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Putnam Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Gilliam, Mo. R # 1.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Keller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9 1950</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>May, 15, 1866</u>			
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR (Months) (Days) <u>6 24</u>		IF UNDER 24 HRS. (Hours) (Min.)		11. BIRTHPLACE (State or foreign country) <u>Belleville, Ill 1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>Antone Vollmer</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Lou Knorr</u>			14. NAME OF HUSBAND OR WIFE <u>Inez 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 date of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Joe Keller, Gilliam, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>unconsciousness</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy for several yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>331X</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)		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>12-7-50</u> , 19 <u>50</u> , to <u>12-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-8</u> , 19 <u>50</u> , and that death occurred at <u>6 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Kuesler D.O.</u>				23b. ADDRESS <u>Slater</u>		23c. DATE SIGNED <u>12-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City,</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 11-1950</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray 385</u>		SE. GENERAL DIRECTOR'S SIGNATURE <u>Hill Brothers, Slater, Mo.</u>		ADDRESS			

RECEIVED 12-18-50
DISTRICT HEALTH OFFICE No. 3
District File
Date Filed 12-18-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Staten 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.