

FILED AUG 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26700

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <i>Henry</i> 0420		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Windsor</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Windsor</i> 0420	
c. LENGTH OF STAY (in this place) <i>2 years</i>		d. STREET ADDRESS (If rural, give location) <i>402 E. Jackson St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>402 E. Jackson St.</i>			

3. NAME OF DECEASED (Type or Print) <i>MARY CLARINDA KELLER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 7 1951</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 12 1859</i>		9. AGE (In years last birthday) <i>92</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Benton County Mo.</i>	
				12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>Morgan Ellis</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>S.C. Keller</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Palmer Keller</i> ADDRESS <i>Windsor Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> 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)		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 *Jan 1, 1951*, to *Aug 7, 1951*, that I last saw the deceased alive on *Aug 6, 1951*, and that death occurred at *4:30 am.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ray B. Jordan M.D.</i>		23b. ADDRESS <i>Windsor Mo.</i>		23c. DATE SIGNED <i>8-7-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8-9-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>McIntyre Chapel</i>	
				24d. LOCATION (City, town, or county) (State) <i>Benton County Missouri</i>	
DATE REC'D BY LOCAL REG <i>Aug 12 1951</i>		REGISTRAR'S SIGNATURE <i>Florence Adair</i> 422		FURNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i> ADDRESS <i>Windsor Mo.</i>	

(Licensed Embellisher's Statement on Reverse Side)

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

RECEIVED 8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-21-51

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Me

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.