

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7010

State File No. ....

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

FILED FEB 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u> <u>1030</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, Dexter, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Estel</u>	b. (Middle)	c. (Last) <u>Keller</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb. 14, 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH. <u>March 22, 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HOURS Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Green County, Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>J. H. Keller</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Russell</u>	14. NAME OF HUSBAND OR WIFE <u>Vettie Keller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vettie Keller, Dexter, Mo.</u>	ADDRESS <u>R 3</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		<u>sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>renal hemorrhage</u> DUE TO (c) <u>Hypertension of Arterio-sclerosis</u>		<u>Oct 1950</u>
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 <u>352X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Oct. 1950, to Jan 10, 1952, that I last saw the deceased alive on Oct 1950, 1950, and that death occurred at 9:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. B. Rainey M.D.</u>	23b. ADDRESS <u>Dexter Mo.</u>	23c. DATE SIGNED <u>2-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bernie</u>	24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2/23/52</u>	REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey, Dexter, Mo.</u>	ADDRESS
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MAR 26 1967

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. ....

Signed .....  
Student Embalmer

Signed *J. Stueckert*  
Licensed Embalmer No. 3479

P. O. Address: *Alextr V M*

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.