

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17517**

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4419		Registrar's No. 47		
1. PLACE OF DEATH a. COUNTY PLATTE 0830				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY PLATTE 0830				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEARBORN Green		c. LENGTH OF STAY (in this place) 13 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEARBORN 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____				
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) _____			c. (Last) KELLER		
4. DATE OF DEATH (Month) (Day) (Year) 5-27-1952		5. SEX MALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER 0		
8. DATE OF BIRTH 4-14-1875		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) PLATTE COUNTY MO		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME ELIJAH KELLER		13b. MOTHER'S MAIDEN NAME MARTHA STUKESBERRY		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 HATTIE CARTER. WESTON, MO. ADDRESS _____				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Arterio Sclerosis Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201				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) Dearborn Platte MO				
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 April 19 52 to May 26 52 , that I last saw the deceased alive on May 26 1952 , and that death occurred at 2:14 m., from the causes and on the date stated above.								
23a. SIGNATURE M. H. Moore M.D. (Degree or title)				23b. ADDRESS Dearborn MO		23c. DATE SIGNED 5-28-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-29-1952		24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE		24d. LOCATION (City, town, or county) (State) WESTON MO		
DATE REC'D BY LOCAL REG. 5-28-52		REGISTRAR'S SIGNATURE Alpha Raelin 257		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VAUGHN-AUFRAINC. DEARBORN				

(Licensed Embalmer's Statement on Reverse Side)

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

my from family

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 W. R. Vaughn

Licensed Embalmer No. 1023

P. O. Address Wester 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.